MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02761

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County Balto Co. Md.

City or town Coventon

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Red Lane Rd.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 27 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto

City or town Coventon Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Red Lane Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles A. Alden

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12th 1887

8. AGE: Years	Months	Days	If less than one day
53	7	12	hrs. min.

9. Birthplace Balto. City Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Odd jobs

FATHER 12. Name Victor Alden

13. Birthplace Balto. Co. Md.

MOTHER 14. Maiden name Annie Mc Henry

15. Birthplace Balto. City Md.

16. Informant Laura B. Gosnell

Address 5622 Belair Rd.

17. Burial Date thereof 3 27 40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Mary P.E.

Location Balto. City Md.

18. Funeral director Lassahn Funeral Home

Address 7401 Belair Rd.

19. 4/24/40 19 W M Hammett

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24th 1940, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 21 1940, to Mar. 24, 1940, and that I last saw him alive on Mar. 21 1940.

Immediate cause of death	DURATION
Carcinoma of Sigmoid	
Due to	
Due to	
Other conditions Chronic Alcoholism.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Richard S. Owens M.D.

M. D. or other

Address Raspeburg Date signed 3-24-40.

RECEIVED
MAR 30 1940

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (1648)

CERTIFICATE OF DEATH

02762

Reg. Dist. No. 44

1. PLACE OF DEATH:
County: Balto
City or town: Fort Howard
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 20 Bank Ave Sparrow Point
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Fort Howard Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 20 Bank Ave. Sparrows Pt.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Katharine Allen
3. (b) Social Security Number

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Mr. Dennis Allen
6(c) If alive, give age 44 years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 35 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace: Ireland. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: At Home
FATHER 12. Name: Patrick Cleary
13. Birthplace: Ireland.
MOTHER 14. Maiden name: Unknown
15. Birthplace: Ireland.
16. Informant: Mr. Dennis Allen.
Address: 20 Bank Ave Sparrows Pt.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-18-40 (month) (day) (year)
Cemetery or crematory: Sacred Heart Cem.
Location: O'Donnell Str. Rd.
18. Funeral director: John G. Connelly
Address: Essex Md.
19. 3-18-1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 16th 1940, at ? A M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from ~~19 , to 19~~ ~~and that I last saw h alive on 19~~
Immediate cause of death: Suicide by drowning
Due to: body found floating in Jones Creek
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
~~Accident~~, suicide, ~~or homicide~~ Suicide Date of 3.16.40
Where did injury occur? Fort Howard (City or town) Balto (County) Md (State)
Injured at home, ~~farm, industry, public place (where?)~~ near home
Means of injury: Suicide, drowning Injured at work? No

23. SIGNATURE: W. T. E. Myer Deputy M Ex M. D. or other
Address: Pikesville Md Date signed 3.16-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-1)

CERTIFICATE OF DEATH

02763

Reg. Dist. No. 33

1. PLACE OF DEATH:

County: Baltimore

City or town: Reisterstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md ~~Balto~~ ~~County~~ Baltimore

City or town: 2532 Loyola Southway Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Russell Robert Atwood

3. (b) Social Security Number: —

4. Sex: M.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna M. Atwood

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb 10 - 1875

8. AGE: Years: 65 Months: 0 Days: 21 If less than one day ____ hrs. ____ min.

9. Birthplace: Brownstown Va (Town, county, and state)

10. Usual occupation: Retired Motorman

11. Industry or business: Balto Transit

FATHER

12. Name: Atwood

13. Birthplace: Virginia

MOTHER

14. Maiden name: —

15. Birthplace: Virginia

16. Informant: Mrs Anna M. Atwood

Address: 2532 Loyola Southway

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 4-40 (month) (day) (year)

Cemetery or crematory: Druid Ridge Com.

Location: Fulton Pkwy. Pikesville, Md.

18. Funeral director: Wm. J. Tickner & Sons

Address: North 8 Penna Ave

19. Mch 1 (Date rec'd by registrar) 1940 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 1 1940, at 2:15 M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__, and ~~that I last saw h~~ ____ alive on ____ 19__.

Immediate cause of death: Valvular heart disease

Due to: Cardio vascular

Due to: disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: W. T. O. Wyse Dept M Tex M. D. or other

Address: Pikesville Md Date signed 3-1-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1940 - 2 30
1 1
1885 - 2 - 10
65 21

BUREAU V.S.
MAR 6 1940
REC'D

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02764

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Reisterstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mount Pleasant

Stay in hospital or inst. (yrs., or mos., or days): 47 days

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4106 Forest Park Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: SAMUEL BADDOCK

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Reba Baddock

6(c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): July 8, 1892

8. AGE: Years: 47 Months: 8 Days: 25 If less than one day: ____ hrs. ____ min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business:

FATHER — 12. Name: Hyman Baddock

13. Birthplace: Russia

MOTHER — 14. Maiden name: Bertha Rabin

15. Birthplace: Russia

16. Informant: Deceased

Address: Same

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) (day) (year) 3-3-40

Cemetery or crematory: Hebrew Friendship

Location: Balto & Corbett St.

18. Funeral director: Jack Levin Inc.

Address: 2100 Eastern Place

19. (Date rec'd by registrar) Mar. 2 19 40 Registrar: [signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 2 19 40, at 9.03 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15 19 40 to March 2 19 40 and that I last saw him alive on March 2 19 40

	DURATION
Immediate cause of death: Chronic Pulmonary Tuberculosis	unknown
Due to:	
Due to:	
Other conditions: Intestinal tuberculosis	unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Samuel Lipsitz M.D.

M. D. or other

Address: Mount Pleasant, Reisterstown, Md. Date signed: March 2, 1940

RECEIVED
MAR 13 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02765

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hosp.
Stay in hospital or inst. (yrs., or mos., or days) 6 days.
Stay in this community (yrs., or mos., or days) 6 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince Georges.
City or town Mt. Rainier Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3545 - 33rd St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME John Peter Baker.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Wh.	Widower

6 (b) Name of husband or wife Katherine Frances Douglas 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Apr. 16, 1856.

8. AGE: Years	Months	Days	If less than one day
83	10	24	____ hrs. ____ min.

9. Birthplace Georgetown, D. C. (Town, county, and state)
10. Usual occupation Clerk & Cigar Maker
11. Industry or business Cigar Factory.
FATHER 12. Name Joseph Baker
13. Birthplace Germany.
MOTHER 14. Maiden name Barbara Ann ?
15. Birthplace Germany.
16. Informant Hosp. records.
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-13-40 (month) (day) (year)
Cemetery or crematory Mt. Olivet Cemetary
Location Wash. D.C.
18. Funeral director Wm J. Malley
Address 3200 - R Ave Mt Rainier Md.
19. 3/12 (Date rec'd by registrar) 19 40 Registrar

MEDICAL CERTIFICATION 1:40

20. DATE OF DEATH Mar. 10 19 40, at A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 4 19 40, to Mar. 10 19 40, and that I last saw him alive on Mar. 9 19 40.

	DURATION
Immediate cause of death Gangrene.	2 days
Due to Bronchio Pneumonia	4 "
Due to Sew. Arteriosclerosis	Indef.
Due to	
Other conditions Senile Psychosis	1 yrs.

(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy As Above.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No. Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Robert C. Gardner M. D.
M. D. or other
Address Spring Grove State Hosp. Date signed 3/10/40

RECEIVED
APR 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02766

1. PLACE OF DEATH

County Balto Twin no 2 Registration Dist. No. 33

Village or City Reisterstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Barr Md If U. S. Veteran, specify WAR no

(a) Residence: No. Reisterstown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fend

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) March 5th 1940

7. AGE Years Months Days Dead Born March 5th If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. no

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. no

10. Date deceased last worked at this occupation (month and year) no

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME Wm Bennett Barr

14. BIRTHPLACE (city or town) (State or country) Reisterstown Md

MOTHER

15. MAIDEN NAME Helen Turnbaugh

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

17. INFORMANT (Address) Wm Bennett Barr Father Reisterstown

18. BURIAL, CREMATION, OR REMOVAL Place Reisterstown Date Home Burial 1940

19. UNDERTAKER (Address) Wm Bennett Barr Reisterstown Father

20. FILED March 5th, 1940 Reisterstown Md Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 5th (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from March 5th, 19 , to March 5, 19 ; I last saw h alive on Premature, 19 ; death is said to have occurred on the date stated above, at m. Dead Born

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 5 mo Premature

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr Frank Mills Md M. D.

(Address) Reisterstown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02767

1. PLACE OF DEATH

County Balto Registration Dist. No. 33

Village or City Reisterstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Barr If U. S. Veteran, specify WAR

(a) Residence: No. Reisterstown Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fend

4. COLOR OR RACE Wht

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) March 5th 1940

7. AGE Years Prenatal 5 Mo Months Days No If LESS than 1 day, ✓ hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. No

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. non

10. Date deceased last worked at this occupation (month and year) No

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto Co. (State or country) Md

FATHER

13. NAME Wm Bennett Barr

14. BIRTHPLACE (city or town) Balto Md (State or country)

MOTHER

15. MAIDEN NAME Helen Turbey

16. BIRTHPLACE (city or town) Balto Co (State or country)

17. INFORMANT Wm Helen Barr (Address) Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Reisterstown Date 3/5/40

19. UNDERTAKER Buried by father (Address) Reisterstown

20. FILED March 5th, 1940 J. I. Frank Wolfe MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 5th (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 5th, 1940, to March 5, 1940

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Dead Born

5 Mo Prenat

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. I. Frank Wolfe MD M. D.

(Address) Reisterstown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

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V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 4 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (10)

Reg. Dist. No. 37

02768

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Texas (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Baltimore Co., Almshouse
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3yr 10mo
(e) Length of stay in this community (yrs., mos., or days) Ever

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Richard Coleman Bartman

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex: male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Mary Anne Diggs

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): 9

8. AGE: Years: about 87 | Months | Days | If less than one day ____hr. ____min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: John Bartman
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Elizabeth Williams
15. Birthplace: Maryland

16 (a) Informant: Balto. Co. Almshouse Register
(b) Address: Texas, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 16 1940 (month) (day) (year)
(c) Cemetery or crematory Almshouse
Location Balto. Co. Texas

18 (a) Funeral director Landon & N. Brooks
(b) Address Sparks Md.

19 (a) Mar 16 1940 (Date rec'd by registrar) (b) Wm. J. Lahiscoat Registrar

MEDICAL CERTIFICATION

20. Date of death Mar. 14 1940, at 9½ P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1939, to Mch 14 1940, and that I last saw him alive on Mch 14 1940.

Immediate cause of death	Duration
Lobar Pneumonia	6 days
Due to Senility	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilmer C. Ensor M.D. (M. D. or other)
Address Cockeysville Md. Date signed Mch 15/40

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1940
BUREAU V. S.

02769

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Balto.

City or town Glyndon
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: I2 Butler Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Balto.

City or town Glyndon Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. I2 Butler Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME A.Melvin Bay

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Nathan Bay

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept.I4,I853

8. AGE:

Years	Months	Days	If less than one day
85	5	I7	____ hrs. ____ min.

9. Birthplace Carroll Co.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Daniel Bush
13. Birthplace Carroll Co.

MOTHER
14. Maiden name Sophia Caples
15. Birthplace Carroll Co.

16. Informant Miss Emma Bay
Address Glyndon,Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar.4,I940 (month) (day) (year)

Cemetery or crematory Pleasant Grove

Location Carroll Co.

18. Funeral director J.F.Eline & Sons
Address Reisterstown,Md.

19. Mar-3 1940 (Date rec'd by registrar) J. F. Eline Mdl Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1938, to Mar 2 1940, and that I last saw h ed alive on Mar 2 1940.

Immediate cause of death	DURATION
Uremic Coma	3 days
Due to arteriosclerosis	5 yrs
Due to hypertension	10 yrs
Other conditions myocarditis-chronic	3 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury Injured at work? —

23. SIGNATURE James G. Saffell M. D. or other
Address Reisterstown, Md. Date signed 3/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 93-D

Reg. Dist. No. 38

02770

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Towson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 525 E. Joppa Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 50 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Towson (If outside city or town limits, write RURAL and give town)

(d) Street No. 525 E. Joppa Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME John Talbott Bayne

3 (b) If veteran, name war none

3 (c) Social Security No. ——

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rachel Kate Bayne

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) July 11, 1858

8. AGE: Years 81 Months 8 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Baynesville, Md. (Town, county, and state)

10. Usual occupation Fencer

11. Industry or business Self

FATHER 12. Name Thomas Bayne

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary E. Wright

15. Birthplace Maryland

16 (a) Informant Mrs. Rachel K. Bayne

(b) Address 525 E. Joppa Rd., Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 26, 1940 (month) (day) (year)

(c) Cemetery or crematory Providence

Location Providence, Md.

18 (a) Funeral director John Burns' Sons

(b) Address Towson, Md.

19 (a) 3/25/40 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death Mar. 23, 1940, at 12:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 10th 1940, to Mch 23th 1940 and that I last saw him alive on Mch 22 1940.

Immediate cause of death: Myocardial Insufficiency — Duration: 13 days

Due to Arteriosclerosis

Due to Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Daniel of St. Thos. Jenifer M. D. or other

Address Towson. Date signed 3/23/40.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Jennifer
Bayfor

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APR 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 40

02771

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Balto.
(b) City or town Fork Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Fork
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Hoge Thomas Beares

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9-1882

8. AGE: Years 57 | Months 4 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name George Beares
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Blakeley
15. Birthplace Md.

16 (a) Informant Samuel Beares
(b) Address Fork Md.

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof April 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Fork M.E.
Location Fork Md.

18 (a) Funeral director Clarence E. Arthur
(b) Address Fork Md.

19 (a) 3/3/40 (Date rec'd by registrar) (b) W. M. Hammett Registrar

MEDICAL CERTIFICATION

20. Date of death March 30, 1940, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1940, to Mar. 30, 1940, and that I last saw him alive on March 30 1940.

Immediate cause of death	Duration
Congestive Heart Failure	2 hrs.
Due to Lobar Pneumonia	3 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clifford F. Hudson M. D. or other
Address Fork, Md Date signed 3/30/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(1) MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 4 1940
BUREAU V. S.

02772

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94a)

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 5 mo. 18 days

Stay in this community (yrs., or mos., or days) " "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Balto. City

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1810 No. Duncan St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Katie Beck

3. (b) Social Security Number None

4. Sex Fem.

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Edwin Beck

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1884

8. AGE: Years 56 Months 2 Days 17 If less than one day ____ hrs. ____ min.

9. Birthplace Ellicott City Howard Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name Isaac Bewley.

13. Birthplace ?

MOTHER 14. Maiden name Margaret Kaiser

15. Birthplace ?

16. Informant Hosp. records.

Address

17. March 27 (Burial, cremation, or removal. Which?) Date thereof 1940 (month) (day) (year)

Cemetery or crematory Moreland Park

Location Taylor ave

18. Funeral director Wm Cook

Address 1217 St Paul St

19. 2/24 (Date rec'd by registrar) 1940 [signature] Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 24 1940, at 5:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 6 1939, to Mar. 24 1940 and that I last saw her alive on Mar. 24 1940.

Immediate cause of death Coronary thrombosis — DURATION 1 day.

Due to Arteriosclerosis — Indef.

Due to

Other conditions Senile psychosis — 5 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide No. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert E. Gardner M.D. M. D. or other

Address Spring Grove State Hosp. Date signed 3/24/40

VS A15 (T) (I) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 28 1940
BUREAU V. A.

02773

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore

City or town Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mount Pleasant

Stay in hospital or inst. (yrs., or mos., or days) 2 years, 1 mo. 23 days

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3322 Virginia Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME ALVIN BECKER

Ross. 217-07-5779

3. (b) Social Security Number ~~none~~

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife none

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 23, 1911

8. AGE: Years 28 Months 6 Days 16 If less than one day hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Store clerk

11. Industry or business same

FATHER
12. Name Jacob Becker
13. Birthplace Russia

MOTHER
14. Maiden name Bessie Winer
15. Birthplace Russia

16. Informant Deceased

Address same

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof 3-10-40 (month) (day) (year)

Cemetary or crematory Hebrew Cem.

Location Balto. City

18. Funeral director Jack Lewis Inc.

Address 1439 E. Balto St.

19. Mar. 9 1940
(Date rec'd by registrar)

J. Frank Mitchell
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940, at 10.30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to March 8 1940, and that I last saw him alive on March 8 1940.

Immediate cause of death: Chronic Pulmonary tuberculosis — DURATION: unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Ot autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Samuel Lipstein M.D.
M. D. or other

Address Mt. Pleasant Reisterstown, Md. Date signed March 8, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

02774

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Balto.

City or town Near Reisterstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 75 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Near Reisterstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME George M. Belt

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary V. Belt

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 3, 1864

8. AGE: Years	Months	Days	If less than one day
75	9	18	____ hrs. ____ min.

9. Birthplace Balto. Co. (Town, county, and stete)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Wm. H. Belt

13. Birthplace Balto. Co.

MOTHER 14. Maiden name Mary Ann Brown

15. Birthplace Penna

16. Informant Mrs. Mary V. Belt

Address Reisterstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 23, 1940 (month) (day) (year)

Cemetery or crematory Pleasant Grove

Location Balto. Co.

18. Funeral director J. F. Eline & Sons

Address Reisterstown, Md.

19. Mar. 22 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 21 1940, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 5, 1937, to Mar 21 1940, and that I last saw h-m alive on Mar 20 1940.

	DURATION
Immediate cause of death: Coronary Occlusion	2 hrs
Due to: Arteriosclerosis	3 yrs
Due to:	
Other conditions: Gangrene of great toe	3 weeks

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury Injured at work?

23. SIGNATURE D. D. Eagles, M. D.
M. D. or other

Address Reisterstown, Md. Date signed 3-22-40

RECEIVED
APR 4 1940
BUREAU V. S.

02775

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93d)

County Baltimore Registration Dist. No. 32

Village or City Pikesville P.O. No. Robbs Nursing Home St., Essex Road

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Alice Adelaide Blessing If U. S. Veteran, specify WAR ____

(a) Residence: No. 28 20 Windsor Ave St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	wht.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John P. Blessing

6. DATE OF BIRTH (month, day, and year) Aug 23 1843

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
96	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House-wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Christopher Sterns

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Emmaline D. Taylor

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT (Address) Gladys F. Tiernan 2031 Dukeland St.

18. BURIAL, CREMATION, OR REMOVAL Place Brownsville, Md. Date 3/18/40

19. UNDERTAKER (Address) Dunward D. Covington 21 W. 25th St.

20. FILED 3/17, 1940 D. E. E. Michaels Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 15 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1940, to March 15, 1940

I last saw her alive on March 13, 1940; death is said to have occurred on the date stated above, at 8 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	Possibly 15 yrs. ago
Other Contributory Causes of importance:	
Bronchi pneumonia	Feb 20/40
Chronic myocarditis	

Name of operation None Date of ____

What test confirmed diagnosis? None Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury ____, 19__

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) H. G. Jones M. D.

(Address) 2818 St. Paul St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02776

131-61

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 44

Village or City Sparrows Point No. 702 I Street St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME William Henry Booker Pow.

(a) Residence: No. 702 I Street St., Ward. Social Security number: H01-07-0374

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	A. A	Widowed

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Nannie F Booker

6. DATE OF BIRTH (month, day, and year) May 16 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. Steel Mills

10. Oate daceasad last workad at this occupation (month and year) June 1939

11. Total tima (years) spent in this occupation 42

12. BIRTHPLACE (city or town) Farmsville (State or country) Va.

FATHER

13. NAME Beverly Booker

14. BIRTHPLACE (city or town) Farmsville (Stata or country) Va.

MOTHER

15. MAIDEN NAME Rachel (Don't know)

16. BIRTHPLACE (city or town) Farmsville (Stata or country) Va.

17. INFORMANT Catherine Booker (Address) 702 I Street

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date March 18, 1940

19. UNDERTAKER Sam'l M. Chase & Son (Address) 638 N. Gilmor St.

20. FILED March 15, 1940 Damon T. Harbin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 14 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1940, to March 14, 1940

I last saw him alive on March 13, 1940; death is said to have occurred on the data stated above, at 4.55A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Oate of onset
Hypertensive Cardio-renal Disease	1937
Cerebral Apoplexy	1939

Other Contributory Causes of Importance:

Arteriosclerosis

Nama of operation No Oata of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to axternal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseasa or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 1423 E. Monument 13-06 M.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAR 18 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02777

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:

County: Balto. Co.

City or town: Freeland Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ____ County ____

City or town ____ Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME: Nathanial Bortner

3. (b) Social Security Number: ____

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ellen Nora

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 17 1852

8. AGE: Years: 87 Months: 3 Days: 22 If less than one day ____ hrs. ____ min.

9. Birthplace: York Co Pa.
(Town, county, and state)

10. Usual occupation ____

11. Industry or business: Farmer

FATHER
12. Name: Joseph M. Bortner
13. Birthplace: York Co.

MOTHER
14. Maiden name: Catherine Walker
15. Birthplace: Balto. Co.

16. Informant: Laurel V. Bortner
Address: Glen Rock Pa

17. ____ (Burial, cremation, or removal. Which?) Date thereof: Mar. 12. 1940 (month) (day) (year)

Cemetery or crematory: Stiltz Pa

Location ____

18. Funeral director: Jacob Hartenstein
Address: New Freedom, Pa.

19. Mch. 9 1940 (Date rec'd by registrar) Samuel S. Walker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 9 1940, at 2:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 6 1939, to Mar. 9 1940, and that I last saw him alive on Mar. 8 1940.

Immediate cause of death: Cerebral Hemorrhage

Due to: Arteria Sclerosis.

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work? ____

23. SIGNATURE: J. L. Yagle M. D. or other

Address: New Freedom Date signed 3/9-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 15 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02778

1. PLACE OF DEATH (83a)

County Baltimore County Registration Dist. No. 38

Village or City Towson No. 24 W. Joppa Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Aquilla C. T. Bosley If U. S. Veteran, specify WAR

(a) Residence: No. 24 W. Joppa Rd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of M. Eliza Bosley

6. DATE OF BIRTH (month, day, and year) Sept. 28, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
70	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Painter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 1936

11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (city or town) Delaney Valley Balto Co. (State or country) Md.

FATHER

13. NAME Charles Bosley

14. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Freeland

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Eliza Bosley (Address) 24 W. Joppa Rd.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Prospect Hill Date March 10, 1940

19. UNDERTAKER Franklin W. Seitz (Address) 814 West 36th St.

20. FILED 3/8, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 7, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1936, to March 7, 1940

I last saw him alive on March 7, 1940; death is said to have occurred on the date stated above, at 8.25 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Apoplexy	2/11/36
Arterio-Sclerosis & Hypertension	Unk.

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did Injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) [signature] M. D.

(Address) Towson Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
APR 1 1930
BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02779

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (89-P)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 9 yrs. 11 mos. 23 das.

Stay in this community (yrs., or mos., or days) 9 yrs. 11 mos. 23 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 357 N. Calvert Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sophia Bowers (Bauer) C. Bower

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 26, 1856

8. AGE:

Years	Months	Days	If less than one day
83	4	11	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: John Bowers
13. Birthplace: Germany

MOTHER
14. Maiden name: ?
15. Birthplace: Germany

16. Informant: Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 11 1940 (month) (day) (year)

Cemetery or crematory: Baltimore

Location: E. North ave

18. Funeral director: Henry Lutz

Address: 1203 N. Broadway

19. 3/8 1940 (Date rec'd by registrar) H. L. Hughes Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 1940, at 9:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19, 1936, to March 8, 1940, and that I last saw her alive on March 8, 1940.

Immediate cause of death	DURATION
Acute streptococcic meningitis	4 days
Due to Acute bilateral mastoiditis	10 days
~~xxxx~~ Generalized arteriosclerosis	Before 1930
Other conditions: Senile Psychosis (Include pregnancy within 3 months of death)	Before 1930

Major findings:
Of operations: Acute mastoid
Of autopsy: As given above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): None

Means of injury: No Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp M. D. or other

Address: Spring Grove Hospital Date signed: 3/8/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 2 1940
BUREAU V. S.

02780

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 9 mo. 28 da.

Stay in this community (yrs., or mos., or days): " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore City

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 5609 Winner Ave., (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Nettie Bowles. NETTYE BOWLES

3. (b) Social Security Number: No.

4. Sex: Fem.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: B. Frank Bowles

6(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): Aug. 9, 1889

8. AGE: Years: 50 Months: 7 Days: 15 If less than one day: hrs. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Home of sister

FATHER
12. Name: Louis Chaillou
13. Birthplace: Baltimore

MOTHER
14. Maiden name: ? Zulauf
15. Birthplace: Baltimore

16. Informant: Hosp. records.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/27/40 (month) (day) (year)

Cemetery or crematory: Balto. Cem

Location

18. Funeral director: Frank V. Pikitone

Address: 2818 E. Balto St

19. 3/25 (Date rec'd by registrar) 19 40 H. Andrews Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 24 1940, at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 1938, to Mar. 24 1940, and that I last saw her alive on Mar. 24, 1940.

Immediate cause of death: Carcinoma of Uterus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations: None performed.

Of autopsy

DURATION: Before 1938.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Robert E. Gardner, M. D. M. D. or other

Address: Spring Grove State Hosp. Date signed 3/24/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 28 1940
BUREAU V. S.

02781

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Parkville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Oakley Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Parkville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Oakley Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Alfred Bromwell

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Minnie Bromwell

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 2nd, 1873

8. AGE: Years: 67 Months: 3 Days: 19 If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore City
(Town, county, and state)

10. Usual occupation: Tinsmith

11. Industry or business: Can Industry

FATHER
12. Name: John Bromwell
13. Birthplace: Baltimore City

MOTHER
14. Maiden name: Emma Clocker
15. Birthplace: Leonardtown, Md.

16. Informant: Hilda Johnson
Address: Parkville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 25-40 (month) (day) (year)

Cemetery or crematory: Moreland Mem Park

Location: Baltimore Md

18. Funeral director: Wm Cook
Address: 1217 St Paul St

19. 3/21 (Date rec'd by registrar) 1940 A. M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 21 1940, at 5:45 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 5 1940, to March 21 1940, and that I last saw him alive on March 20 1940.

Immediate cause of death: Uremia — DURATION: 2 days

Due to: Chronic Nephritis — 5 years

Due to:

Other conditions: Hypertension — 5 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: C. W. Peake M.D. M. D. or other

Address: 4508 Harford Rd Date signed: 3-21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

02782

CERTIFICATE OF DEATH

Reg. Dist. No. 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Balto.

City or town: Essex

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Nicholson Rd.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Balto

City or town: Essex Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Nicholson Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Baby Girl Brewer

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 3-19-40

8. AGE:

Years	Months	Days	If less than one day
			hrs. min.

9. Birthplace: Balto. Co. Md.

(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER

12. Name: Charles Aubrey Brewer

13. Birthplace: Richmond, Va.

MOTHER

14. Maiden name: Catherine Eliz. Rothenburg

15. Birthplace: Balto. Md.

16. Informant: Mrs. Chas. A. Brewer

Address: Nicholson Rd. Essex, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-20-40 (month) (day) (year)

Cemetery or crematory: Oak Lawn Cem.

Location: Eastern Ave., Rd.

18. Funeral director: John B. Connelly

Address: Essex Md.

19. 3-20 1940 (Date rec'd by registrar) John B. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 19th 1940, at 7:20 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from —19—, to —19—, and that I last saw h— alive on —19—.

	DURATION
Immediate cause of death: Stillborn	
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: G. M. Baumgardner M. D. or other

Address: Rosedale Md. Date signed 3/19/40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107)

02783

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:

County Balto

City or town Fullerton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto

City or town Fullerton Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Penn Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Buettner Jr.

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife Infant

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25th 1939

8. AGE: Years [illegible] Months 3 Days 22 If less than one day hrs. min.

9. Birthplace Balto. City, Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name John Buettner
13. Birthplace Balto City

MOTHER
14. Maiden name Laura G. Isenock
15. Birthplace Balto. Co. Md.

16. Informant John Buettner
Address Penn Ave Fullerton Md.

17. Holy Redeemer Date thereof March 20, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Holy Redeemer

Location Balto. City Md

18. Funeral director Lassahn Funeral Home

Address 7401 Belair Rd.

19. 3/19 1940 Mrs. G. A. Fritz
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19th 1940, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 12 1940, to March 19 1940, and that I last saw h in alive on March 19 1940.

Immediate cause of death Bronchial Pneumonia

DURATION 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Michael J. Grossfeld Grossfeld M.D.
M. D. or other

Address 5402 Belair Rd Date signed 3-19-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I MARGIN RESERVED FOR BINDING

B.C.

M

T

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (37)

02784

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County: Balto.

City or town: Freeland, md #2

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 40 yrs-

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: md County: Balto.

City or town: Freeland, md #2 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: SARAH JANE BULL

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Femal	white	Marred

6 (b) Name of husband ~~or wife~~: Benjamin H. Bull

6(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Dec. 12. 1871

8. AGE:

Years	Months	Days	If less than one day
68	2	29	____hrs. ____min.

9. Birthplace: Penna.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Geo. H. Baker

13. Birthplace: md

MOTHER — 14. Maiden name: Elizabeth Maximore

15. Birthplace: Pa.

16. Informant: G. Orville Bull

Address: 620 York Rd. Towson, Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof: May 4 1940 (month) (day) (year)

Cemetery ~~or crematory~~: Baptist Church Middle Town

Location: Freeland, md. #2

18. Funeral director: G. W. Geiselman

Address: Glen Rock, Pa.

19. March 3 1940 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 1 1940, at 3.17 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 5 1940 to Feb. 29 1940, and that I last saw deceased alive on Feb. 29 1940.

	DURATION
Immediate cause of death: Lobar Pneumonia	7 days
Due to: Auricular Fibrillation	1 year
Due to: Toxic Adenoma, with	
Other conditions: Hyperthyroidism	5 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Louis Schatanoff M.D.

M. D. or other

Address: New Freedom, Pa. Date signed 3-3-40

RECEIVED
APR 5 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02785

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Balto. Registration Dist. No. 31

Village or City Pikesville No. Campfield Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Pauline Burke

If U. S. Veteran, specify WAR ____

(a) Residence: No. ~~Augsburg Home~~ (Usual place of abode) St., 2313 Eastern Ave Ward. Baltimore Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, and year) Dec 13 1854

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
85	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Ernest Michelmann

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Augsburg Home Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Pk Date 3-29, 1940

19. UNDERTAKER Wm Chas A. G. Rohde (Address) 2327 Edmondson Ave

20. FILED March 28, 1940 J J Miller Pict Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 27th (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June - 20 -, 1939 to March 27, 1940

I last saw her alive on March - 25, 1940; death is said to have occurred on the date stated above, at 30 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
1) - Gangrene of Rt. Foot	5 wks
2) - Generalized Arterio Sclerosis	?
Other Contributory Causes of importance:	
1) - Hypertension.	?
Cerebral - Vascular Disease	

Name of operation None Date of

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Earl L. Thumberg M. D.

(Address) 4108 Liberty Hts. Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

APR 2 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02786

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:
County Baltimore County
City or town Bradshaw Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore.
City or town Bradshaw, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Lucinda Cannon

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Milton H. Cannon — deceased
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): June 25, 1865

8. AGE: Years 74 | Months 9 | Days 2 | If less than one day ___ hrs. ___ min.

8. Birthplace: Hollidaysburg, Blair Co. Pa.
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER
12. Name: A. R. Traugh
13. Birthplace: Hollidaysburg, Penna

MOTHER
14. Maiden name: Sarah Dean (Unknown)
15. Birthplace: Hollidaysburg, Penna

16. Informant: Eleanor C. Kroh
Address: Kingsville, Md

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 3 (month) 30 (day) 1940 (year)
Cemetery or crematory: Loudon Park.
Location: Baltimore, Md.

18. Funeral director: Howard K. McComas,
Address: Abimgdon, Md.

19. 3/28/40 (Date rec'd by registrar) 19. W. M. Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 27 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 26 1940, to March 27 1940, and that I last saw her alive on March 27 1940.

Immediate cause of death: Coronary occlusion — DURATION: 3-27-40

Due to: Generalized arterial sclerosis — years

Due to:

Other conditions: ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Fred O Hodous M.D.
M. D. or other
Address: Edgewood, Md Date signed 3-27-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 4 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

02787

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Baltimore
City or town Middle River
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Middle River Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6 Oakland Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frances R. Carback

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William J. Carback
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 4th 1852

8. AGE: Years	Months	Days	If less than one day
88	1	9	____ hrs. ____ min.

9. Birthplace Harford Co. Md.
(Town, county, and state)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Benjamin Sterling
13. Birthplace Unknown
MOTHER 14. Maiden name Susan Cole
15. Birthplace Unknown
16. Informant Mrs. Thomas Meeks
Address 6 Oakland Ave Middle River
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3 16 40 (month) (day) (year)
Cemetery or crematory Ebenezer
Location Balto. Co. Md.
18. Funeral director Lansdale Funeral Home
Address 7401 Belair Rd.
19. March 13 1940 (Date rec'd by registrar) J. Y. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13th 1940, at 5:30 A.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from February 1939, to March 13 1940
and that I last saw h[illegible] alive on March 12 1940

Immediate cause of death	DURATION
Coronary Thrombosis (Repeated over 1 yr)	1 yr.
Due to Arteriosclerosis	4 yrs.
Due to	
Other conditions Uraemia	
Cardiac decompensation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo. E. Davis M.D.
M. D. or other
Address Essex, Md. Date signed 3/13/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 30 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-d)

02788

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Baltimore

City or town Oella (If outside city or town limits, write RURAL, NEAR and give town)

Street address, hospital, or institution: Granite Hill

Stay in hospital or inst. (yrs., or mos., or days) 7 hrs.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (If newborn infants give residence of mother)

State Maryland County Baltimore

City or town Oella Ward No.

(If outside city or town limits, write RURAL, NEAR and give town)

Street No. Granite Hill (If rural, give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John C. B. Clements.

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Hattie O. Grimes Clements

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1868

8. AGE: Years 71 | Months 5 | Days 23 | If less than one day ____ hrs. ____ min.

9. Birthplace Oella, Baltimore Co. Maryland (Town, county, and state)

10. Usual occupation Wet Cloth Finisher Retired

11. Industry or business W. J. Pickey & Sons Woolen Mills

FATHER 12. Name Joshua Clements

13. Birthplace Maryland.

MOTHER 14. Maiden name Fannie Grimes

15. Birthplace Maryland.

16. Informant Mrs. Edgar Allen

Address Oella, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 27, 1940 (month) (day) (year)

Cemetery or crematory St. Johns Cemetery

Location Ellicott City Maryland

18. Funeral director Easton Sons

Address Ellicott City Md.

19. 3/26 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 25 1940 10.40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3 1940 to March 25 1940, and that I last saw h-- alive on March 25 1940.

Immediate cause of death	DURATION
Malignancy - Rectum	6 months
Due to	
Due to	
Other conditions Chr. Bronchitis Arteriosclerosis C.V. Disease (Include pregnancy within 3 months of death)	10 yr. 10 yrs.

Major findings:

Ot operations

Dt autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ford Fuhrman M.D. M. D. or other

Address Ellicott City Md. Date signed 3/25/40

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

02789

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Stemmer's Run, Md. (Rural)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Holly Neck Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Stemmer's Run, Rural Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Holly Neck Road

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR:

3. (a) FULL NAME: Baby Boy Coffield

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	infant

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 18, 1940

8. AGE: Years: Stillborn | Months: 0 | Days: 0 | If less than one day: hrs. min.

9. Birthplace: Md.

(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Thomas Charles Coffield

13. Birthplace: Greenville North Carolina

MOTHER — 14. Maiden name: Edwards

15. Birthplace: Stemmer's Run, Md.

16. Informant: Thomas Charles Coffield

Address: Stemmer's Run, Md. Route 2 Box 234

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-21-40 (month) (day) (year) A

Cemetery or crematory: Texas Almis House

Location: Texas, Md.

18. Funeral director: John G. Connelly

Address: Essex Md.

19. 3-21 (Date rec'd by registrar) 19 40 John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 18 19 40, at 1 50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Marc h 18, 19 40, to March 18 19 40,

and that I last saw h alive on 19.

Immediate cause of death: Stillborn	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George D. Sams M.D.

M. D. or other

Address: Essex, Maryland Date signed: 3/18/40

RECEIVED
APR 6 1940
BUREAU V. S.

Social Security number: Ross 212-05-4666 02790

STATE OF MARYLAND
CERTIFICATE OF DEATH

(46-E)

Registration Dist. No. 43

1 PLACE OF DEATH

County Baltimore

Village or City Overlea (No. _____ St.: _____ Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Michael Coleman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH: July 25, 1889 (Month) (Day) (Year)

7 AGE: 50 yrs. 7 mos. 18 ds. If LESS than 1 day ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Laborer.
(b) General nature of industry business, or establishment in which employed or (employer): Gas & Elec Co

9 BIRTHPLACE (State or country): Austria

PARENTS

10 NAME OF FATHER: Stephen Coleman

11 BIRTHPLACE OF FATHER (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Margaret ?

13 BIRTHPLACE OF MOTHER (State or Country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Marie Coleman

(Address) 117 Kolb Ave

15 Filed 3/8 1940 Mrs. S. A. Fritz Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 7, 1940 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from March 1938 to March, 1940 that I last saw him alive on March 1 1940, and that death occurred on the date stated above, at 5-30 P m.

The CAUSE OF DEATH * was as follows: Cancer of Stomach

(Duration) 2 yrs. ___ mos. ___ ds.

Contributory Secondary

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) E. V. Teagarden M. D.

3-8-40 192__ (Address) 1562 Lex Bldg

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Holy Redeemer

DATE OF BURIAL: 3-11-40

20 UNDERTAKER: Wendell E. Humphreys

ADDRESS: 401 N. Broadway

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE ONLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

MAR 11 1940

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

02791

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (95-C)

County Baltimore Registration Dist. No. 44

Village or City Sparrows Point No. 408 F St. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence Christopher Cooney If U. S. Veteran, specify WAR

(a) Residence: No. 408 F. St St., Ward Social Security #213-07-2178

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eleanor Sullivan Cooney

6. DATE OF BIRTH (month, day, and year): Nov. 28, 1884

7. AGE: Years 55 Months 4 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Foreman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Steel Mill

10. Date deceased last worked at this occupation (month and year): March 1st 1940

11. Total time (years) spent in this occupation: 33 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: John Cooney

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Mrs. Eleanor S. Cooney 408 F St Sparrows Point

18. BURIAL, CREMATION, OR REMOVAL Place: Parkwood Cem Date: 4/2/40

19. UNDERTAKER (Address): Dunward J. Covington 21 W. 25th St.

20. FILED: March 31, 1940 Dawson L. Hastin Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 30 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1940, to March 30, 1940

I last saw him alive on March 30, 1940; death is said to have occurred on the date stated above, at 11 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchiectasis	1935
Hypertension	1930

Other Contributory Causes of importance:

Cardiac Decompensation	March 20 1940

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Clyde P. Myers M. D.

(Address) 15 Seabright - Inverness

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr Nichols Pikesville

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (106b)

02792

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Balto

City or town: Pikesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1101-03 Reisterstown Rd

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Pikesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1101-03 Reisterstown Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Thomas A. Craig

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. ~~(a) Single, married, widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Alice R. Craig

6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): May 20th 1876

8. AGE:

Years	Months	Days	If less than one day
63	10	8	hrs. min.

9. Birthplace: Pikesville Md
(Town, county, and state)

10. Usual occupation: Gardner

11. Industry or business: Country Estate

FATHER
12. Name: John H. Craig
13. Birthplace: Germany

MOTHER
14. Maiden name: Margaret A. Black
15. Birthplace: Scotland

16. Informant: Alice R. Craig

Address: 1101-03 Reisterstown Rd.-Pikesville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/30/40 (month) (day) (year)

Cemetery or crematory: Presbyterian Cemetery

Location: Govans

18. Funeral director: William Cook

Address: 1217 St. Paul St

19. 3/28 1940 (Date rec'd by registrar) E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 28th 1940, at 12 07 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 21 1940, to Mch 28 1940, and that I last saw him alive on March 27 1940.

Immediate cause of death: Oedema of lungs — DURATION: 24 hrs

Due to: Acute other respiratory infection — 1 wk

Due to:

Other conditions: Chronic bronchitis — 15 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: E E Nichols MD
M. D. or other

Address: Pikesville Md Date signed: Mch 28 40

VS A15 (T) MARGIN RESERVED FOR BINDING (I) (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (Ba) Reg. Dist. No. 37

CERTIFICATE OF DEATH

02793

1. PLACE OF DEATH

(a) County Baltimore

(b) ~~City~~ or town Texas (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Baltimore Co. Almshouse

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yr 2 mo 14 dy

(e) Length of stay in this community (yrs., mos., or days) " " "

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) ~~City~~ or town Texas (If outside city or town limits, write RURAL and give town)

(d) Street No. ——— (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) **FULL NAME** Charles Cramblitt

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Sarah Meldron

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1871

8. AGE: Years	Months	Days	If less than one day
69	1	12	——— hr. ——— min.

9. Birthplace Maryland (town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name John Cramblitt

FATHER 13. Birthplace Maryland.

MOTHER 14. Maiden Name Kate Keith

MOTHER 15. Birthplace Maryland

16 (a) Informant Almshouse Register

(b) Address Texas, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 16-1940 (month) (day) (year)

(c) Cemetery or crematory Almshouse

Location Texas Md.

18 (a) Funeral director Landon M. Brooks

(b) Address Sparks, Md.

19 (a) Mar. 16-1940 (Date rec'd by registrar) (b) Wm. J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. Date of death Mar 15 1940, at 3 80 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1937, to Mch 15 1940, and that I last saw him alive on Mch 14 1940.

Immediate cause of death	Duration
Cerebral Hemmhage	2 hrs
Due to Arterio sclerosis	
Due to Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wilmer C. Ensor M.D. M. D. or other

Address Cockeysville Md. Date signed Mch 16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.-A15

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

02794

CERTIFICATE OF DEATH

Reg. Diat. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Balto

City or town: Lansdowne
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Hammond Ferry Rd

Stay in hospital or inst. (yrs., or mos., or deys): ---

Stay in this community (yrs., or mos., or days): 24 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto.

City or town: Lansdowne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Hammond Ferry Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ---

3. (a) FULL NAME Sarah Estella Disney

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married

8 (b) Name of husband or wife: Benj J Disney

6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): Sept 9 1880

8. AGE: Years	Months	Days	If less than one day
59	6	4	---hrs. ---min.

9. Birthplace: Balto Md.
(Town, county, and state)

10. Usual occupation: Home duties

11. Industry or business: ---

FATHER — 12. Name: George Watkinson

FATHER — 13. Birthplace: Balto Md.

MOTHER — 14. Maiden name: Sarah E. Hildebrandt

MOTHER — 15. Birthplace: Md

16. Informant: Benjamin Disney

Address: Hammond Ferry Rd

17. Burial (Burial, cremation, or removal (Which?)) Date thereof: Mch 16 1940 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Balto Md

18. Funeral director: Mc Cook

Address: 1217 St Paul St

19. Mch 13 1940 (Date rec'd by registrar) Geo Kieffer Registrar

MEDICAL CERTIFICATION 1940

20. DATE OF DEATH: Mch 13 19---, at 12-30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---, 19---, to ---, 19---, and that I last saw h--- alive on ---, 19---.

Immediate cause of death	DURATION
Diabetes	
Due to: Cerebral Embolism	
Due to: ---	
Other conditions: sudden death	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations: ---

Of autopsy: ---

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: --- Date of: ---

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ---

Means of injury: --- Injured at work?

23. SIGNATURE: Geo. M. Kieffer Deputy Med Exam Balto
M. D. or other

Address: 1010 Leadenhall Date signed: Mch 13, 40

RECEIVED
MAR 18 1940
BUREAU V. S.

02795

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:

County Baltimore

City or town Hereford, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 43 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town Hereford Balto Co Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sadie Beatrice Diven

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George E. Diven

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 66 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Hereford, Balto Co Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name George W. Smith

13. Birthplace Baltimore Co.

MOTHER 14. Maiden name Laura Toph

15. Birthplace Baltimore Co Md

16. Informant Geo. E. Diven

Address Parkton, Md

17. Fosters (Burial, cremation, or removal. Which?) Date thereof Mar 10-1940 (month) (day) (year)

Cemetery or crematory Fosters

Location Hereford, Md

18. Funeral director P. Mackliner Low

Address White Hall Md

19. Mar 9th 1940 (Date rec'd by registrar) Milner Bortner M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 8th 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 1939, to Mch 8 1940, and that I last saw her alive on Mch 7 1940.

Immediate cause of death: Chronic Valvular Heart Disease — DURATION 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 6 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Milner Bortner M.D. M. D. or other

Address White Hall Date signed Mch 9, 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02796

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore Co

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Shirley Home Nunnary Lane & Edmondson Ave

Stay in hospital or inst. (yrs., or mos., or days): 4 days

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Kent

City or town: Rock Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Wesley Downey

3. (b) Social Security Number

4. Sex: Male

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary Ellen Downey

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feby 19-th 1858

8. AGE: Years: 82 Months: — Days: 16 If less than one day ____ hrs. ____ min.

9. Birthplace: Rock Hall Md (Town, county, and state)

10. Usual occupation: Post Master

11. Industry or business

FATHER

12. Name: William Downey

13. Birthplace: Md

MOTHER

14. Maiden name: Elizabeth Scoone

15. Birthplace: Md

18. Informant: Mrs Eva Hatcherson

Address: 3401 E Baltimore St

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 8 (month) (day) (year)

Cemetery or crematory: Wesley Chapel Cem

Location: Rock Hall Md

18. Funeral director: John Ulrich

Address: 2008 Orleans St

19. 3/6 (Date rec'd by registrar) 1940 H C Shipley Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 5 1940, at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1940, to March 5 1940, and that I last saw him alive on March 5 1940.

Immediate cause of death: Chronic Myocarditis

Due to: arteriosclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 10 yrs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: David Schneider M.D. M. D. or other

Address: 1211 N Wilton Ave Date signed: 3-5-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (940)

Reg. Dist. No. 44

02797

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto

(b) City or town Essex (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Taylor Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto

(c) City or town Essex (If outside city or town limits, write RURAL and give town)

(d) Street No. Taylor Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Frederick Michael Drescher

3 (b) If veteran, name war

3 (c) Social Security No. 217-01-8633

4. Sex Male

5. Color or race [illegible]

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edith Drescher

6. (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Dec. 8 - 1880

8. AGE: Years 59 | Months 3 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual occupation Engineer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Edith Drescher

(b) Address Taylor Ave Essex, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-40 (month) (day) (year)

(c) Cemetery or crematory Moreland's

Location Taylor Ave

18 (a) Funeral director John G. Connelly

(b) Address Essex Md.

19 (a) 4-1-40 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death March 28 1940, at 5-50 A M

21. I certify that death occurred on the date above stated; ~~that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__~~

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Nom

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. P. O. Myse Lupy M Ex M. D. or other

Address Pecosvieer Md Date signed 3.28.40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

02798

CERTIFICATE OF DEATH

(50)

Reg. Dist. No. 33

1. PLACE OF DEATH:
County Baltimore
City or town Reisterstown R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balt.
City or town Reisterstown, R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. On Berryman's Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Helen Stansbury Ebaugh

3. (b) Social Security Number none

4. Sex Female
5. Color or race White
6. (a) ~~Single~~, married, ~~widowed, or divorced~~ Married
6 (b) Name of husband or wife J. Charles Ebaugh
6(c) If alive, give age 49 years
7. Birth date of deceased (mo., day, yr.) October 3 - 1894

8. AGE: Years 45 | Months 5 | Days 0 | If less than one day ___ hrs. ___ min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business —

FATHER
12. Name John B. Stansbury
13. Birthplace Baltimore

MOTHER
14. Maiden name Sara A. Robbins
15. Birthplace Baltimore

16. Informant Harry R. Stansbury
Address 100 Osborne Ave - Catonsville Md.

17. Burial
(Burial, ~~cremation, or removal.~~ Which?)
Date thereof March 5 - 1940
(month) (day) (year)
Cemetery ~~or crematory~~ Druid Ridge Cemetery
Location Reisterstown Rd - Pikesville Md

18. Funeral director Wm Berryman & Sons
Address Reisterstown Md.

19. Mar. 4 1940 J. Frank Mitchell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3rd 1940, at 11 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19 March 3rd 1940, and that I last saw her alive on March 3rd 1940.

Immediate cause of death Carcinoma of Left Breast

DURATION Several months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Frank Mitchell MD
M. D. or other
Address Reisterstown Date signed Mar

VS A15 (I) (M) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 29 1940
BUREAU V.R.

02799

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-b)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Kent Ave & Johnnycake Ave

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Kent Ave & Johnnycake Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry Eckman

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Katie Eckman

~~Sept 21 1862~~ 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept-21-1862

8. AGE:

Years	Months	Days	If less than one day
77	5	10	____ hrs. ____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Retired Tinner

11. Industry or business

FATHER
12. Name John Eckman
13. Birthplace Balto. Md.

MOTHER
14. Maiden name Lydia Kraft
15. Birthplace Md.

16. Informant Mrs. Mable L. Woody

Address 931 Brunswick St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 5/40 (month) (day) (year)

Cemetery or crematory Mount Olivet

Location 3100 Frederick Ave.

18. Funeral director Geo. L. Schwab

Address 2101 Frederick Ave.

19. 3/3/40 (Date rec'd by registrar) 19 H. L. Andrews Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 1940, at 10.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 25 1940, to March 2 1940, and that I last saw him alive on March 2 1940.

Immediate cause of death	DURATION
Intestinal Obstruction (Partial)	2 wk.
Due to Carcinoma of Stomach	1½ yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Wilmer K. Gallager M.D. M. D. or other

Address 6209 Frederick Rd., Catonsville Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02800

94a

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 31

Village or City Randallstown No. Green Lane St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 9 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes T. Erek, If U. S. Veteran, specify WAR

(a) Residence: No. Green Lane St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Casper W. Erek,

6. DATE OF BIRTH (month, day, and year) October 23. 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Oate deceased last worked at this occupation (month and yaar)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cinnainnati Ohio (State or country)

FATHER

13. NAME Richard Grooms,

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Agnes Magoveny,

16. BIRTHPLACE (city or town) (Stata or country) Scotland

17. INFORMANT Pierce Erek,

(Address) Green Lane Randalstown

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date March 29 1940

19. UNDERTAKER Geo. W. Little

(Address) 2700 Edmondson Ave.

20. FILED Mar 27, 1940 Wm. E. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 26 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attendad daceasad from , 19 , to March 26, 1940

I last saw hesr aliva on March 26, 1940; death is said to have occurred on the date stated above, at 8 A. m.

The **PRINCIPAL CAUSE OF DEATH** and releted causes of Importence were as follows:

	Date of onset
Coronary occlusion	
Chronic myocarditis	

Other **Contributory Causes** of importance:

Nama of oparation Data of

What test confirmed diagnosis? Was thare an autopsy?

23. If death was due to external causas (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Whera did injury occur? (Specify city or town, county and State)

Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseaso or injury in any way ralated to occupation of deceased?

If so, specify

(Signed) Wm. E. Martin M. D.

(Address) Randallstown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

APR 1 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

02801

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:
County: Balto
City or town: Glen Arm
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto.
City or town: Rural – Glenarm Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Hartley's Mills.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary E Fisher

3. (b) Social Security Number

4. Sex: F
5. Color or race: B
6. (a) Single, married, widowed, or divorced: widowed
B (b) Name of husband or wife: Jerry Fisher
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept 29 - 1887

8. AGE: Years: 53 Months: 5 Days: 29 If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: James Bond
13. Birthplace: Maryland
MOTHER
14. Maiden name: Unknown
15. Birthplace
16. Informant: Mrs. Annie Gregg
Address: Glen Arm Md
17. (Burial, cremation, or removal. Which?) Date thereof: March 25 1940 (month) (day) (year)
Cemetery or crematory: Tabernacle A M E
Location: Benson Md
18. Funeral director: Hornberger & Gross
Address: Benson, Md.
19. 3/27/40 (Date rec'd by registrar) 19 W. A. W. Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 25 1940, at 7 a. 30 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11, 1938, to Mar. 25 1940, and that I last saw her alive on Mar. 25 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	15 min.
Due to Hypertension	5 yrs.
Cardiovascular Disease	
Due to Arteriosclerosis	10 yrs.
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Clifford F. Hudson M. D. or other
Address: Fork, Md. Date signed: 3/27/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 1940
BUREAU V. S.

02802

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
County: Balto
City or town: Halethorpe
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash Blvd
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto
City or town: Halethorpe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Wash. Blvd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: William H Foreman

3. (b) Social Security Number: no

4. Sex: no
5. Color or race: W
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Margaret Evans Foreman
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Dec 25 1858

8. AGE: Years: 81 Months: 2 Days: 28 If less than one day ____ hrs. ____ min.

9. Birthplace: Carroll Co Md
(Town, county, and state)
10. Usual occupation: retired
11. Industry or business: RR, Brakeman
FATHER
12. Name: Foreman
13. Birthplace: unknown
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown
16. Informant: Charles O Foreman
Address: Wash Blvd Halethorpe Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mch 25 40 (month) (day) (year)
Cemetery or crematory: Morgan Chapel
Location: Morgan Carroll Co Md
18. Funeral director: J. F. McCuly
Address: 130 E Fort av
19. Mch 24 1940 (Date rec'd by registrar) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mch 22 1940, at 6-55 p M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.
Immediate cause of death: Struck by automobile fractured legs arms and skull
Due to: also Chest injuries
Due to: automobile
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: accident Date of: Mch 22, 40
Where did injury occur? Halethorpe (City or town) Balto (County) Md (State)
Injured at home, farm, industry, public place (where?): Public road
Means of injury Injured at work?

23. SIGNATURE: Geo W Kieffer Leep Med Evan Balto Co
M. D. or other
Address: 1010 Leeds av Date signed: Mch 22, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MAR 27 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

02803

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County: Balto

City or town: Woodlawn
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Windsor Mill Rd.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 6 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Woodlawn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Windsor Mill Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Warren B. Garner

3. (b) Social Security Number: no

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Grace Garner

6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Sept. 18, 1888

8. AGE: Years: 51 Months: 6 Days: 7 If less than one day: hrs. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Plubing Heating

11. Industry or business: self Contractor

FATHER
12. Name: Charles S. Garner
13. Birthplace: Virginia

MOTHER
14. Maiden name: Gertrud Stone
15. Birthplace: Balto Md

16. Informant: Grace Garner

Address: Windsor Mill Road

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: March 27, 1940
(month) (day) (year)

Cemetery or crematory: Woodlawn

Location: Woodlawn, Baltimore Co.

18. Funeral director: E. Leroy Stiffler, Inc.

Address: 125 E. North Ave.

19. March 27 1940 (Date rec'd by registrar) J. J. Milton Piel Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mch 25 1940, at 10-55 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Cerebral Embolism

Due to: Cardio Vascular disease

Due to:

Other conditions: sudden death inquiry
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Geo. M. Kieffer Dep. Med. Exam. Balto Co.
M. D. or other

Address: 1010 Leeds Ave. Date signed: Mch 25 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02804

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs., 11 mos., 6 das.

Stay in this community (yrs., or mos., or days): 2 yrs., 11 mos., 6 das.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 50 E. Antietam Street (If rural give LOCATION)

(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John W. Gilbert

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine Gilbert

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): July 22, 1868

8. AGE: Years: 71 Months: 8 Days: 6 If less than one day: ____ hrs. ____ min.

9. Birthplace: Westminster, Carroll Co., Md. (Town, county, and state)

10. Usual occupation: Plumber

11. Industry or business: Unknown

FATHER

12. Name: Wendelin Gilbert

13. Birthplace: Germany

MOTHER

14. Maiden name: Eva Hirsh

15. Birthplace: Germany

16. Informant: J. Frank Spalding

Address: Mt. Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 1, 1940 (month) (day) (year)

Cemetery or crematory: Druid Ridge Cemetery

Location: Baltimore County, Maryland

18. Funeral director: Frank Newell

Address: Pikesville, Maryland

19. March 28, 1940 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 28, 1940, at 6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22, 1937, to March 28, 1940, and that I last saw him alive on March 28, 1940.

	DURATION
Immediate cause of death: Myocarditis	Unknown
Due to: Unknown	
Due to:	
Other conditions: Cardiac Asthma	Unknown
Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	13 yrs.

Major findings:

Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart L. Shaffer M. D.

Address: Mt. Wilson, Md. Date signed: 3/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-41a

RECEIVED
APR 9 1940
BUREAU V. S.

02805

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Sparrows Point Steel Works
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 701 E St
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., ~~or mos., or days~~) 64

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town 701 E St Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Sparrow Point
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Allen Gillespie

3. (b) Social Security Number 213-07-8152

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31 1892

8. AGE: Years	Months	Days	If less than one day
47	4	27	hrs. min.

9. Birthplace Pa (Town, county, and state)
10. Usual occupation Heater
11. Industry or business —

FATHER
12. Name Charles Gillespie
13. Birthplace Pa

MOTHER
14. Maiden name Dont Knowe
15. Birthplace Pa

16. Informant John J. Sheridan
Address Sparrow Point

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 26/40 (month) (day) (year)
Cemetery or crematory Coatesville Pa
Location Pa

18. Funeral director William M Mareck
Address 715 Light St

19. March 23 1940 (Date rec'd by registrar) Dawson L. Harbee Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940, at ? M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, ~~to~~ ~~19~~, ~~and that I last saw h~~ ~~alive on~~ ~~19~~

Immediate cause of death Coronary heart disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. T. O'Mise Dept M Ex M. D. or other
Address Pleasantville Md Date signed 3-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 10 1940
BUREAU V. S.

02806

STATE OF MARYLAND—CERTIFICATE OF DEATH

131 (b)

1. PLACE OF DEATH

County Balto Registration Dist. No. 30

Village or City Catonsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James W. Glanville If U. S. Veteran, specify WAR

(a) Residence: No. 611 Harlem Lane St. Ward. S.S.# 217-03-3913

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Gertrude Glanville

6. DATE OF BIRTH (month, day, and year) Nov 7th 1880

7. AGE: Years 59 | Months 4 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Consolidated Engineering Co

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Thomas Glanville

14. BIRTHPLACE (city or town) Balto (State or country) Md.

MOTHER

15. MAIDEN NAME Kate Parks

16. BIRTHPLACE (city or town) Balto (State or country) Md.

17. INFORMANT Gertrude Glanville (Address) 611 Harlem Lane Catonsville

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place London Park Date Mar 13th, 1940

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED 3/10, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1940, to Mar 10, 1940

I last saw him alive on Mar 10, 1940; death is said to have occurred on the date stated above, at 5 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
arterio-sclerosis	?
hypertension	?
Ch. nephritis	?

Other Contributory Causes of importance:

cerebral hemorrhage	1 day

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Cl & Phy Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury, 19

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred T. Kyper M. D.

(Address) 3321 Fred Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAR 13 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (107)

Reg. Dist. No. 44

02807

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto.

(b) City or town Sparrows Pt.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution Dakota ave. Jones Creek.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Dakota ave.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Sparrows Point
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME ROBERT. Wm. Good.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 31. 1940.

8. AGE: Years | Months 1 | Days 27 | If less than one day ___ hr. ___ min.

9. Birthplace Sparrows Point. Md.
(Town, county, and state)

10. Usual occupation none.

11. Industry or business

FATHER
12. Name Robert Edwin Good.
13. Birthplace Barnesboro. Pa.

MOTHER
14. Maiden Name Ruby Martha Haugen
15. Birthplace South. Dakota.

16 (a) Informant Robert. Good (father)
(b) Address as above.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/40 (month) (day) (year)

(c) Cemetery or crematory Moreland Pk.
Location Baltimore, Md

18 (a) Funeral director Duswood & Bowden
(b) Address 21 W. 25th St.

19 (a) March 29-40 (Date rec'd by registrar) (b) Dawson L. Harbor Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death Mar. 28 1940, at 1 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 21 1940, to Mar. 28 1940, and that I last saw him alive on Mar. 28 1940.

Immediate cause of death	Duration
Convulsion —	1½ hrs.
Due to Broncho pneumonia	1½ days.
Due to	
Other conditions Otitis media —	3 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis N. Pollin M.D.
M. D. or other

Address Sparrows Point. Date signed 3/28/40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02898

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
Stay in hospital or inst. (yrs., or mos., or days) 2 yrs., 8 mos., 25 days.
Stay in this community (yrs., or mos., or days) 2 yrs., 8 mos., 25 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Halethorpe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Arbutus Avenue
(If rural give LOCATION)
(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Miss Margaret Gosnell

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 4, 1913

8. AGE:

Years	Months	Days	If less than one day
27	2	26	____ hrs. ____ min.

9. Birthplace: Martinsburg, West Virginia (Town, county, and state)

10. Usual occupation: Graduate Nurse

11. Industry or business: Hospital

FATHER
12. Name: Harry Gosnell
13. Birthplace: Franklinville, Maryland

MOTHER
14. Maiden name: Emma Wann
15. Birthplace: Baltimore, Maryland

16. Informant: J. Frank Spalding
Address: Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Unknown (month) (day) (year)

Cemetery or crematory: Unknown

Location: Martinsburg, West Virginia

18. Funeral director: F. V. Keehner
Address: 2301 Edmondson Ave., Balto., Md.

19. March 30, 1940 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 30, 1940, at 3:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5, 1937 to March 30, 1940, and that I last saw her alive on March 30, 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 3 yrs., 2 mos.

Due to: Tubercle Bacilli

Due to:

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations

Of autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Stewart L. Shaffer M. D.
Address: Mt. Wilson, Md. Date signed: 3/30/40

RECEIVED
APR 3 1940
U. S.

02809

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(1318)

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH:

County: Balto. Co.

City or town: Maple Hill
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto

City or town: Glenarm Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Elizabeth Gregg

3. (b) Social Security Number

4. Sex: F.

5. Color or race: B.

6. (a) Single, married, widowed, or divorced: Widowed

B (b) Name of husband or wife: Late James Gregg

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Mar 17 - 1879

8. AGE: Years: 61 Months: ✓ Days: 5 If less than one day ____ hrs. ____ min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Nathan Smith
13. Birthplace: Virginia

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Howard Gregg
Address: Hyde Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Mch 26-40 (month) (day) (year)

Cemetery or crematory: Rock Hill

Location: Loudon Co. Va.

18. Funeral director: Clarence E. Arthur
Address: Fork Md.

19. Mch. 25 1940 (Date rec'd by registrar) Anna Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3/24/ 1940, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to 3/24/1940, and that I last saw h ce alive on 3/23/40 19

Immediate cause of death: Cerebral arteriosclerosis

Due to: hypertension

Due to: myocarditis - chronic

Other conditions: nephritis - chronic

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: James G. Saffell M. D. or other

Address: Reisterstown, Md. Date signed: 3/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CEIVED
APR 1 1940
EAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02810

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 year, 1 mo. 26 days
Stay in this community (yrs., or mos., or days) " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2309 Fleet Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME
Thomas Griffith

3. (b) Social Security Number
Ins. 704-07-2769
none

4. Sex: Male
5. Color or race: White ~~Male~~
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ida Griffith
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 24, 1898

8. AGE: Years 41 | Months 7 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace Denton, Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Motor trucks

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden name "
15. Birthplace "

16. Informant Hospital Records
Address

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 3/12/40 (month) (day) (year)
Cemetery or crematory Holy Rosary
Location Lesman Hill Rd.

18. Funeral director J. W. Ozarowski
Address 1930 Eastern Ave

19. 3/ 19 40
(Date rec'd by registrar)
[signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8, 1940, at 9:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 12, 1939, to March 8, 1940, and that I last saw him alive on March 8, 1940.

Immediate cause of death	DURATION
General paralysis of the insane since	1938
Due to Syphilis "	1933
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert E. Gardner M.D.
M. D. or other
Robert E. Gardner, M.D.
Address Spring Grove St. Hosp. Date signed 3/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 16 1940
BEAU V. S.

02811

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore

City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sheppard & Enoch Pratt Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days.

Stay in this community (yrs., or mos., or days) 37 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1805 Bolton Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha Hedwig Rau Haase

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Robert H. Haase

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) September 19, 1876.

8. AGE: Years 63 | Months 5 | Days 12 | If less than one day ____ hrs. ____ min.

9. Birthplace Germany
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Carl Friedrich Rau
13. Birthplace Germany

MOTHER
14. Maiden name Minna Marie Troeger
15. Birthplace Germany

16. Informant Hospital records

Address

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Mar. 6 1940 (month) (day) (year)

~~Cemetery or~~ crematory Loudon Park

Location 3801 Frederick Ave

18. Funeral director Harry H. Witzke

Address 4101 Edmondson Ave

19. 3/5 [illegible] (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1940, 10:10 P.M., at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 27, 1940, to March 2, 1940, and that I last saw her alive on March 2, 1940.

Immediate cause of death Bronchopneumonia.

Due to

Due to

Other conditions inanition; long standing morphine addiction.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Arthur E. Patterell, M. D. Sheppard-Pratt Hospital Towson, Md. Date signed 3/2/1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 21 1940
U. S. DEPARTMENT OF AGRICULTURE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

02812

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 9 days

Stay in this community (yrs., or mos., or days) 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of motber)

State Maryland County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 643 Coleraine Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Miss Nellie Hammond

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 15, 1878

8. AGE: Years	Months	Days	If less than one day
62	1	18	hrs. min.

9. Birthplace Grand Tower, Illinois
(Town, county, and state)

10. Usual occupation Practical Nurse

11. Industry or business Unknown

FATHER 12. Name William A. Hammond

FATHER 13. Birthplace Cape Girardeau, Missouri

MOTHER 14. Maiden name Hannah McCagney

MOTHER 15. Birthplace Cincinnati, Ohio

16. Informant Eleanor Pearson

Address Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 6, 1940 (month) (day) (year)

Cemetery or crematory Holy Cross Cemetery

Location Anne Arundel County, Maryland

18. Funeral director Margaret G. Flynn

Address 1422 Light St., Baltimore, Md.

19. March 4, 1940 (Date rec'd by registrar) J. Rank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4, 1940, at 3:56 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 24, 1940, to March 4, 1940, and that I last saw her alive on March 4, 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2 years
Due to Tubercle Bacilli	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operations

Of autopsy No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Stewart S. Shaffer M.D.
M. D. or other

Address Mount Wilson, Md. Date signed 3/4/40

MAR 8 1940
BUREAU V. S.

02813

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107)

CERTIFICATE OF DEATH

Reg. Dist. No. 34

1. PLACE OF DEATH:

County Baltimore

City or town Beckleysville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Beckleysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Shirley V Hare

3. (b) Social Security Number None

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14-1939

8. AGE: Years | Months 10 | Days 1 | If less than one day hrs. min.

9. Birthplace Balto. Maryland
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Walter Hare
13. Birthplace Maryland

MOTHER
14. Maiden name Bertha Hale
15. Birthplace Maryland

16. Informant Walter Hare.
Address Hampstead Md. R.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 17/40 (month) (day) (year)

Cemetery or crematory Beckleysville

Location Beckleysville. Md

18. Funeral director Edw C Tipton

Address Hampstead Md

19. Mar. 16 1940 (Date rec'd by registrar) S. E. Fowble M.D. Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March, 15 1940, at 3:30 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7 1940, to March 15 1940, and that I last saw her alive on March, 15 1940.

Immediate cause of death Broncho-pneumonia, DURATION 6 days

Due to The broncho-pneumonia was primary. There was no associated disease. W.F.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Maurice C. Porterfield M.D. or other

Address Hampstead, Md Date signed 3/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

B.C.

1

RECEIVED
APR 8 1940
BUREAU F. S.

02814

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Oella Maryland Balto

City or town oella av

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 16 N Calhoun St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Hattie L Hartzell

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife John F Hartzell

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov 18 1872

8. AGE: Years	Months	Days	If less than one day
67	4	3	hrs. min.

9. Birthplace Penna (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name James A McDowell

13. Birthplace Fayette Co Penna

MOTHER

14. Maiden name Eugena Wheeler

15. Birthplace Penna

16. Informant John F Hartzell

Address 16 N Calhoun St

17. Western cemetery Date thereof 3-26-40 (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory Western cemetery

Location Baltimore Maryland.

18. Funeral director William Cook

Address 1217 St Paul St

19. 3/24 (Date rec'd by registrar) 1940 H C Andreal Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1940 19 , at 7:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death

Due to Cardio vascular disease

Due to Coronary Thrombosis

Other conditions sudden death inquiry

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo McKieffer Dep Med Exam of Balto M. D. or other

Address 1010 Leeds av Date signed Mch 22 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 28 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

02815

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 35 - 0 - 15
Stay in this community (yrs., or mos., or days): 35 - 0 - 15

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: —
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 922 S. Paca
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Wm. J. Hashagen

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: 60 | Months: | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: Balto., Md. (Town, county, and state)

10. Usual occupation: Shirt Cutter

11. Industry or business: Shirt

FATHER
12. Name: Henry A. Hashagen
13. Birthplace: Germany

MOTHER
14. Maiden name: Augusta Ecke
15. Birthplace: Germany

16. Informant: Richard Hashagen
Address: Baltimore City Hospitals

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-12-40 (month) (day) (year)
Cemetery or crematory: St. Paul [illegible]
Location: City of Balto

18. Funeral director: Robert Brooks & Son
Address: Calhoun & Hollins Sts

19. 3/12 (Date rec'd by registrar) 19 40 — [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 10 1940, at 6 40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1911, to Mar 10 1940, and that I last saw him alive on Mar. 9 1940.

	DURATION
Immediate cause of death: Chr. Myocarditis	Since 1930
Due to: Generalized Arteriosclerosis	1930
Due to:	
Other conditions: Schizophrenia	Since 1905

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John G. Kunkel, M. D. or other
Address: Catonsville Md. Date signed 3-10-40

RECEIVED
APR 2 1940
BUREAU V. S.

02816

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 5 Months 13 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Annapolis Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 19 Cheston Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: James W. Higgins.

3. (b) Social Security Number: None.

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower.

6 (b) Name of husband or wife: Martha E. Griffith

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 14, 1865

8. AGE: Years: 74 Months: 2 Days: 17 If less than one day: hrs. min.

9. Birthplace: Calvert County Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER: 12. Name: James Higgins

13. Birthplace: Maryland

MOTHER: 14. Maiden name: Elizabeth Jones

15. Birthplace: Maryland

16. Informant: Hospital records.

Address:

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Mar 3, 1940 (month) (day) (year)

Cemetery or crematory: St. Paul's P. E. Cemetery

Location: Prince Frederick, Md

18. Funeral director: A. A. Harkness & Son

Address: Mutual, Md.

19. 3/1 1940 (Date rec'd by registrar) [signature] Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 1, 1940, at 1:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 18 1939 to March 1, 1940, and that I last saw him alive on March 1, 1940.

Immediate cause of death: Empyema, right side — DURATION: 3 days

Due to: Pneumonia, lobar, right — 7 days

Due to:

Other conditions: Psychosis with Cerebral Arteriosclerosis — Indef.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: As above.

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Serge Androp. M. D. or other

Address: Serge Androp. M. D. Spring Grove State Hosp. Date signed: 3/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2d)

02817

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Baltimore
City or town Sparrows Point
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Sparrows Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME John George Hilbinger

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ella Alberta Curtis
6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Dec. 31 1854

8. AGE: Years	Months	Days	If less than one day
85	2	22	hrs. min.

9. Birthplace Ashland Balto Co. Md (Town, county, and state)
10. Usual occupation ~~Stephen P. Hilbinger~~ R.R. Engineer
11. Industry or business Bethlehem Steel Co.
FATHER 12. Name Stephen P. Hilbinger
13. Birthplace Germany
MOTHER 14. Maiden name Not known
15. Birthplace
16. Informant Mrs. J. G. Hilbinger
Address 316 E. 1st St. Sparrows Point
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 25, 1940 (month) (day) (year)
Cemetery or crematory Sherwood
Location Coeleysville, Md.
16. Funeral director Sanders M. Brooks
Address Sparks, Md.
19. March 22 1940 (Date rec'd by registrar) Dawson L. Harbin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 22 1940, at 2:40 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 18 1940, to March 22 1940, and that I last saw him alive on March 22 1940.

Immediate cause of death Chronic Myocarditis — DURATION: Six yr
Due to Arteriosclerosis — DURATION: two yrs
Due to —
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dawson L. Harbin M. D. or other
Address Sparrows Point Md. Date signed Mar 22-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
APR 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02818

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:
County Baltimore
City or town Pikesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
8 Irving Place
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore Co
City or town Pikesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 8 Irving Place
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Susie V. Hitchcock

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Otis E. Hitchcock
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 9. 1876

8. AGE:

Years	Months	Days	If less than one day
63	9	21	____ hrs. ____ min.

9. Birthplace Owings Mills Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Ernest Beck
13. Birthplace Md
MOTHER 14. Maiden name Sarah Bowers
15. Birthplace Md
16. Informant Albert W. Hitchcock
Address 8 Irving Place Pikesville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 2 1940 (month) (day) (year)
Cemetery or crematory Forest Hill
Location Baltimore County Md
18. Funeral director Wilbur Cox
Address 1217 E. Fond St Baltimore Md
19. April 1 1940 (Date rec'd by registrar) C. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2d 1940, at 1045 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 17th 1937, to Mar. 30th 1940, and that I last saw h er alive on Mar. 30th 1940.

	DURATION
Immediate cause of death	
Cerebral Hemorrhage	12 days
Due to	
Hypertension	5 yrs.
Due to	
Other conditions Chronic Myocarditis	3 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James A. Miller M.D.
M. D. or other
Address Pikesville, Md Date signed 3/31/40

RECEIVED
APR 13 1940
BUREAU V. S.

02819

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 month 24 days

Stay in this community (yrs., or mos., or days): 1 month 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4038 Park Heights av
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Amelia Hoffman (Nee Lowy)

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frank Hoffman

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 44 Months: Days: If less than one day ____ hrs. ____ min.

9. Birthplace: Austria
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Unknown
13. Birthplace: Austria Hungary

MOTHER
14. Maiden name: Unknown
15. Birthplace: Austria Hungary

16. Informant: Hospital records

Address: Catonsville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 12 1940 (month) (day) (year)

Cemetery or crematory: Herring Run

Location: Bowley Lane

18. Funeral director: Jack Lewis Jr

Address: 1438 E Balto St

19. 3/11 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 11th 1940, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 16 1940, to March 11 1940, and that I last saw her alive on March 11 1940.

Immediate cause of death	DURATION
Acute Myocarditis	7 days
Due to Mediastinal abscess	10 "
Due to	
Other conditions: Manic Depressive Psychosis before 1937 (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No.

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Serge Andrap M. D. or other

Address: Catonsville, Md. Date signed: 3/11, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 20 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02820

Reg. Dist. No. 98

1. PLACE OF DEATH: Balto
County
City or town Lock Raven Mn
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1135 Valley St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Newman C. Holmes

3. (b) Social Security Number NONE

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Cora Gisriel Holmes
6 (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) March 20 1876
8. AGE: Years 63 64 Months 11 Days 26 If less than one day ___ hrs. ___ min.
9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual occupation Musical Director
11. Industry or business for Self
FATHER 12. Name John Holmes
13. Birthplace Md
MOTHER 14. Maiden name Sarah McBee
15. Birthplace Md
16. Informant Cora Gisriel Holmes
Address 1135 Valley St
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 19 1940 (month) (day) (year)
Cemetery or crematory Mt Olivet
Location Baltimore Md
18. Funeral director William Cook
Address 1217 St Paul St Baltimore Md
19. 3/18 1940 (Date rec'd by registrar) Wilmarth Van Sford Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16th 1940, at 9-3 AM
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___~~
Immediate cause of death Valvular heart disease
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. P. T. Nyse Dept M Ex
M. D. or other
Address Pikesville Md Date signed 3-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

02821

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Mt Washington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Mt Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6021 Stanton Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Charles A. Hook

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) ~~Single, married~~, widowed, or ~~divorced~~
M	W	Widowed

6 (b) Name of husband or wife Catherine C.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan-28-1864

8. AGE: Years 76 | Months 1 | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace Balto Co. Md. (Town, county and state)

10. Usual occupation Retired Carpenter

11. Industry or business

FATHER 12. Name Hook

13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Thomas S. Hook

Address 840 W. 39th Street

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof Mar 4-1940 (month) (day) (year)

Cemetery or crematory Druid Ridge

Location Pikesville

18. Funeral director William Cook

Address 1217 St Paul St

19. 3/1 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1. 1940, at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 28, 1940 to March 1, 1940 and that I last saw him alive on Feb. 29 1940.

Immediate cause of death	Cerebral Thrombosis	DURATION
Due to	Arteriosclerosis	
Due to		
Other conditions	Arteriosclerotic Heart Disease	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jules Gilbert M.D. M. D. or other

Address Smith Rd & Kelly Ave Date signed March 1, 1940

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APR 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1442)

02822

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:
County: Baltimore Co.
City or town: Parkville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 7905 Harford Rd.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 1 ½ years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Parkville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 7905 Harford Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Eva Florence E. Huber

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Fred Huber
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 21st, 1889

8. AGE: Years	Months	Days	If less than one day
50	6	13	hrs. min.

9. Birthplace: Balto City Md.
(Town, county, and state)
10. Usual occupation: at home
11. Industry or business
FATHER 12. Name: Henry Hacker
13. Birthplace: Germany
MOTHER 14. Maiden name: Catherine Weisbrodt
15. Birthplace: Germany
16. Informant: Mrs. Fred Wagner
Address: 7905 Harford Rd.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3 6 40 (month) (day) (year)
Cemetery or crematory: London Park
Location: Balto City Md.
18. Funeral director: F. Lassahn & Son
Address: 7401 Belair Rd.
19. 3/5 (Date rec'd by registrar) 1940 Mrs. I. A. Fitz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 4th 1940, at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

	DURATION
Immediate cause of death: Suicide	
by Poison Strychnine	
Due to: Temple	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
~~Accident~~, suicide, ~~or homicide~~: Suicide Date of 3-4-40
Where did injury occur? Parkville (City or town) Balto (County) Md (State)
Injured at home, ~~farm, industry, public place (where?)~~: Home
Means of injury: Poison Strych Injured at work? No

23. SIGNATURE: W. J. Mills Dept M Ex
M. D. or other
Address: Perryman Md Date signed: 3-4-40

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APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

02823

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Calgate, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 507 45½ St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Calgate Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 507 45½ St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Baby Huffman

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Infant
6 (b) Name of husband or wife:
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): March 22, 1940
8. AGE: Years | Months | Days | If less than one day: 7 hrs. min.
9. Birthplace: Calgate, Balto Co., Md. (Town, county, and state)
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: Warren Huffman
13. Birthplace: Reading, Pa.
MOTHER 14. Maiden name: Beatrice Glass
15. Birthplace: Lebanon, Pa.
16. Informant: Mrs. Huffman (Mother)
Address: 507 45th St.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-24-40 (month) (day) (year)
Cemetery or crematory: Pennsylvania
Location:
18. Funeral director: John J. Connelly
Address: Essex Md.
19. 3-22-1940 (Date rec'd by registrar) John J. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 22 1940, at 10 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22 1940, to March 22 1940, and that I last saw him alive on March 22 1940.

Immediate cause of death: Premature Infant (7 Mo.) — DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. H. White, M.D. M. D. or other
Address: 7610 Eastern Ave, Balto Md. Date signed: 3/23/40

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APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-E) Reg. Dist. No. 30

02824

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Balto Co.

(b) City or town Catonsville Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Catonsville Md
(If outside city or town limits, write RURAL and give town)

(d) Street No. 56 Prospect Av.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Susan A. Humm. HUMM

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ✓

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 4/22/

8. AGE: Years 77 - Months Days If less than one day ____ hr. ____ min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business ✓

FATHER
12. Name Edward Humm.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Rebecca Benna
15. Birthplace Maryland.

16 (a) Informant Edw. Dove
(b) Address 56 Prospect ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/40 (month) (day) (year)

(c) Cemetery or crematory Utica UTICA
Location Frederick Co Md

18 (a) Funeral director Edw. S. MacNabb
(b) Address 804 Frederick ave

19 (a) 3/4/40 (Date rec'd by registrar) (b) [illegible] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. Date of death Mar. 2 1940, at 10 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1940, to Mar. 2 1940, and that I last saw him alive on Mar. 1 1940.

Immediate cause of death Left Cerebral Hemorrhage

Due to

Due to

Other conditions Chr. Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature George E. Shannon MD.
M. D. or other

Address 700 N. Fulton Av. Date signed 3/5/40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02825

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (52)

County Baltimore Co. Registration Dist. No. 37

Village or City Phoenix, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry S. Hurline If U. S. Veteran, specify WAR —

(a) Residence: No. Phoenix Balto Co St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret J. Hurline

6. DATE OF BIRTH (month, day, and year) Jan. 27, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 yrs.	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Contractor

10. Date deceased last worked at this occupation (month and year) 1937 | 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Baltimore Co. (State or country) Md.

FATHER

13. NAME Steven Hurline

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Dorah Mortnicke

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Lena Brazen, Sister (Address) Phoenix, P.O. Balto Co.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date Mar. 5th, 1940

19. UNDERTAKER Edmund W. Conklin & Son (Address) 924 E. Eager St.

20. FILED March 4-40, 19 Wilmer C. Ensor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 3, (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940, to March 3, 1940

I last saw him alive on March 3, 1940; death is said to have occurred on the date stated above, at 7:45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	?

Other Contributary Causes of importence:

Uraemia

Name of operation Cystotomy Date of Nov. 1, 1939

What test confirmed diagnosis? Sections, Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify —

(Signed) Robert M. Sive M. D.

(Address) Cockeysville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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APR 5 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02826

Reg. Dist. No. 938

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 1 Month 13 Dys

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Havre De Grace Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 25 S Boulton St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Mexican Border Wars.

3. (a) FULL NAME: Eugene Percy ~~Franklin~~ Hyland

3. (b) Social Security Number: 218-03-3568

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single.

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): September 20, 1892

8. AGE: Years: 47 | Months: 5 | Days: 21 | If less than one day: hrs. min.

9. Birthplace: Havre de Grace Maylard
(Town, County, and state)

10. Usual occupation: Plumber.

11. Industry or business: Plumbing.

FATHER — 12. Name: William Hyland

FATHER — 13. Birthplace: Maryland.

MOTHER — 14. Maiden name: Ella Bayer

MOTHER — 15. Birthplace: Maryland.

16. Informant: Personal History-Hospital Records

Address: Eudowood Sanatorium, Towson, Md.

17. Burial, (Burial, cremation, or removal. Which?) Date thereof: Mar. 14 1940 (month) (day) (year)

Cemetery or crematory: Angel Hill

Location: Havre de Grace Md.

18. Funeral director: T. Madison Mitchell

Address: Havre de Grace Md.

19. (Date rec'd by registrar) Mar 14 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 12 1940, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 28 1940, to March 12 1940, and that I last saw h[illegible] alive on March 12 1940.

	DURATION
Immediate cause of death: Pulmonary Tuberculosis	August 1939
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 8 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W G Bridges M. D. or other

Address: Towson, Md. Date signed: 3-12-40

RECEIVED
APR 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-B)

02827

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Balto.

City or town Glyndon
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Glyndon

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Glyndon Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Glyndon
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME E.Gertrude Kagle

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept.20,1889

8. AGE:

Years	Months	Days	If less than one day
50	5	12	hrs. min.

9. Birthplace Balto City
(Town, county, and state)

10. Usual occupation Dress-maker

11. Industry or business

FATHER
12. Name Henry Kagle
13. Birthplace Balto.City

MOTHER
14. Maiden name Louise Laissig
15. Birthplace Balto.City

16. Informant Chas.Kagle
Address Reisterstown,Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Mar.6,1940 (month) (day) (year)

Cemetery or crematory Louden Park

Location Balto.City

18. Funeral director J.F.Eline & Sons
Address Reisterstown,Md.

19. Mar.4 1940 (Date rec'd by registrar) J. Frank Little MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/3 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/1/36 1940 to 3/3 1940, and that I last saw her alive on 3/3/40 1940.

	DURATION
Immediate cause of death: Angina Pectoris	6 mos
Due to hypertension	2 yrs
Due to myocarditis chronic decompensating	3 yrs
Other conditions: Mitral Insufficiency (Include pregnancy within 3 months of death)	18 yrs

Major findings:
Df operations
Df autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James G. Saffell M. D. or other
Address Reisterstown, Md. Date signed 3/5/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 4 1940
BUREAU V. S.

02828

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

not BC

Reg. Dist. No. 37

1. PLACE OF DEATH:

County Baltimore

City or town Texas
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore County Almshouse

Stay in hospital or inst. (yrs., or mos., or days) 1 yr 9 mo 29 da

Stay in this community (yrs., or mos., or days) 1 yr 9 mo 29 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town _____ Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Church Home Infirmary Hosp.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME George Kayer

3. (b) Social Security Number Ross. 173-12-5258

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sarah Connor Kayer

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept. ? 1873

8. AGE: Years 66 | Months 6 | Days ? | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Brick Layer

11. Industry or business

FATHER
12. Name Phillip Kayer
13. Birthplace Maryland

MOTHER
14. Maiden name Isabelle ?
15. Birthplace Maryland.

16. Informant Almshouse Register
Address Texas. Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Mar. 7 1940
(month) (day) (year)

Cemetery or crematory Hamstead Methodist Cemetery

Location Hamstead. Maryland

18. Funeral director John Ullrich
Address 2008 Orleans St. Balto. Md.

19. Mar. 6 1940 Wm. J. Chilcoat
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 3 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 1938, to Mch 6 1940, and that I last saw him alive on Mch 5 1940.

Immediate cause of death Chronic Valvular Endocarditis — DURATION 2 yrs

Due to Arterio sclerotic —

Due to Chronic Nephritis.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

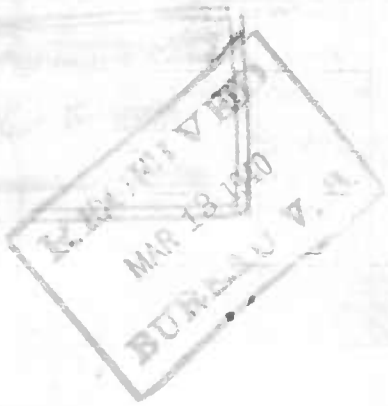
Means of injury _____ Injured at work? _____

23. SIGNATURE Wilmer C. Ensor M.D.
M. D. or other

Address Cockeysville Md Date signed Mch. 6/40

VS A15 (T) MARGIN RESERVED FOR BINDING (I) (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


RECEIVED
MAR 13 1920
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02829

CERTIFICATE OF DEATH

Reg. Diat. No. 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Towson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sheppard & Enoch Pratt Hospital

Stay in hospital or inst. (yrs., or mos., or days) 7 yrs, 11 mos, 17 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Kern (Mrs. Bella Rosenau)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Separated

6 (b) Name of husband or wife Morris Kern

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22nd 1874

8. AGE:

Years	Months	Days	If less than one day
66	11	4	hrs. min.

9. Birthplace Frederick, Maryland (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Bernard Rosenau

13. Birthplace Germany

MOTHER 14. Maiden name Sarah Seifensieder

15. Birthplace Germany

16. Informant Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 28 (month) (day) (year)

Cemetery or crematory Hebrew Friendship

Location Cpsta- Road

18. Funeral director David Londhum & Son

Address 1981 Eutaw Place

19. March 26 1940 (Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26th 1940, at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 12th 1932, to March 26th 1940, and that I last saw h-- alive on March 26th 1940.

	DURATION
Immediate cause of death Bronchopneumonia	48 hrs.
Due to Chronic myocarditis	10 yrs.
Due to Generalized arterio-sclerosis	10 yrs.
Other conditions Psychosis with cerebral arteriosclerosis (Include pregnancy within 3 months of death)	9 yrs.

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter E. Petteway, M.D. M. D. or other

Address Sheppard-Pratt Hospital Date signed

Towson, Md.

RECEIVED
APR 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

02830

CERTIFICATE OF DEATH

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County: Baltimore County

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 4 yrs. 7 mos. 12 das.

Stay in this community (yrs., or mos., or days): 4 yrs. 7 mos. 12 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 542 S. 48th Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Margaret Kern

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Charles Kern

6(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): February 19, 1879

8. AGE: Years	Months	Days	If less than one day
61	0	15	____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: Joseph Friedel
13. Birthplace: Germany

MOTHER
14. Maiden name: Margaret Dorn
15. Birthplace: Germany

16. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 9-40 (month) (day) (year)

Cemetery or crematory: Sacred Heart

Location: Frederick Road

18. Funeral director: Lilly & Zeiler Inc

Address: 493 S. Wolfe St

19. 3/6 (Date rec'd by registrar) 1940 — Registrar: H. Lindsay Dep'ty Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 5, 1940, at 10:30 p m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22, 1935, to March 5, 1940, and that I last saw her alive on March 5, 1940.

Immediate cause of death	DURATION
Broncho-pneumonia	2 days
Due to	
Generalized arteriosclerosis	Before 1935
Due to	
Other conditions	
Senile Dementia (Include pregnancy within 3 months of death)	Before 1935

Major findings:

Dt operations: None

Dt autopsy: As given above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John G. Runkel M. D. or other

Address: Spring Grove Hospital Date signed: 3/6/40

RECEIVED
MAR 13 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

02831

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore County

City or town: Catonsville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 31 Prospect Ave.

Stay in hospital or insf. (yrs., or mos., or days): ----

Stay in this community (yrs., or mos., or days): year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 100 S. Symington Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: ..FRED L. KETTLER ..

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Anna C. Kettler

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 22, 1885

8. AGE: Years	Months	Days	If less than one day
54	4..	1..	********** hrs. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Paint Contractor

11. Industry or business: Owner of Business

FATHER
12. Name: Henry Kettler
13. Birthplace: Germany

MOTHER
14. Maiden name: Therisa Weber
15. Birthplace: Germany

16. Informant: Mrs. Anna C. Kettler

Address: 100 S. Symington Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 26/40 (month) (day) (year)

Cemetery or crematory: Loudon Park Cemetery

Location: Baltimore City

18. Funeral director: F. B. Nippert & Son

Address: 1300 EUTAW PLACE .....c.

19. 3/26 (Date rec'd by registrar) 1940 [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: March .. 23.... 1940, at 2P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1:30 p.m. Mar. 23, 1940, to 3:30 March 23, 1940, and that I last saw him alive on March 23 1940.

Immediate cause of death: Cerebral hemorrhage on left side of brain. — DURATION

Due to: Hypertension.

Due to:

Other conditions: No other conditions found as I had never seen the patient before.
(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M.D. or other

Address: 55 08 Edmondson Ave. Date signed: 3/25/40

Dr. Bayer Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

02832

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:

County: Balto. Co

City or town: Shane White Hall R.D. Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto.

City or town: White Hall, R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Henry Edward Koller

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie J Koller

6(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): Dec. 12, 1879

8. AGE: Years: 60 Months: 3 Days: 7 If less than one day: hrs. min.

9. Birthplace: Balto Co.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Daniel Koller
13. Birthplace: Balto Co.

MOTHER
14. Maiden name: Eve McDonald
15. Birthplace: Balto Co

16. Informant: Mrs Bessie J. Koller
Address: White Hall, Md.

17. (Burial, cremation, or removal. Which?) Date thereof: Mar. 22, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Cemetery

Location: New Freedom Pa.

16. Funeral director: Curtis O. Goodling

Address: Seven Valleys, Pa

19. Mar 20th 1940 (Date rec'd by registrar) Chester L. Fulton Registrar
Lexington Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 19 1940, at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20 1939, to 3/19 1940, and that I last saw him alive on 3/19 1940.

Immediate cause of death: Coronary occlusion — DURATION: Immediate death

Due to: arterio-sclerosis — 2 years

Chronic myocarditis — 1 year

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Chas. C. Ayres M. D. or other

Address: White Hall — Date signed: 3/20/40

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1940
BUREAU V. S.

02833

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Dundalk Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Leroy H. Kuhl

3. (b) Social Security Number 215-10-5135

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): August 25-1915

8. AGE: Years 24 | Months 6 | Days 16 | If less than one day hrs. min.

9. Birthplace: Balto. Md (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Building

FATHER
12. Name: Adolph H. Kuhl
13. Birthplace: Balto Md

MOTHER
14. Maiden name: Elizn. Doering
15. Birthplace: Balto. Md.

16. Informant: Adolf H. Kuhl
Address: 804 Warwick Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 15-1940 (month) (day) (year)
Cemetery or crematory: Lowdon Pk.
Location: Frederick Road.

18. Funeral director: Geo. S. Schwab
Address: 2101 Frederick Ave.

19. March 12 1940 (Date rec'd by registrar) John G. [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 12th 1940, at 4:15 P M about

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from ~~19 to 19~~, and ~~that I last saw h alive on 19~~

Immediate cause of death: Accident
Suffocated, by cave-in on here when he was working in pit 15 ft deep.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Accident Date of Mch 12-40
Where did injury occur? Dundalk (City or town) Balto (County) Md (State)
Injured at ~~home, farm~~, industry, public place (where?) see above
Means of injury: Suffocated Injured at work? yes

23. SIGNATURE: W. P. O. Myse Depy M. Ex M. D. or other
Address: Pleasville Md Date signed 3-12-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 16 1940
BUREAU V.S.

02834

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
County Balto
City or town Randallstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ---
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County ---
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2026 Clifton Avenue.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ---

3. (a) FULL NAME Jas. Norman Lam Sr (James Norman Lane, Sr.)

3. (b) Social Security Number ---

4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Hazel O. Lane
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5th 1885

8. AGE: Years 54 Months 8 Days 8 If less than one day hrs. min.

9. Birthplace Centerville, Md.
(Town, county, and state)

10. Usual occupation Job Carpenter

11. Industry or business Self

FATHER
12. Name John Lane
13. Birthplace Maryland

MOTHER
14. Maiden name Alice V. Hunter
15. Birthplace Maryland.

16. Informant Mrs. Flossie D. Powell
Address 2026 Clifton Avenue.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 16th 1940 (month) (day) (year)
Cemetery or crematory Chesterfield
Location Centerville, Md.

18. Funeral director Wm. J. Tickner & Sons.
Address North & Penna Aves, Balto. Md.

19. March 15 1940 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1940, at 10 A.M. about

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~ ~~to~~ ~~19~~, ~~and that I last saw h~~ ~~alive on~~ ~~19~~.

Immediate cause of death Pulmonary

Due to Hemorrhage (unspecified).

No further information. Physician does not know to what the pulmonary hemorrhage was due. No autopsy was made. C.W.S.R.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Non

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. T. E. Myse Dep'y M Ex
M. D. or other
Address Pikesville Md Date signed 3.13.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
APR 9 1960
BUREAU V. S.

Mc Kensie
Dwyer Rd.

02835

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Eaton Ville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 8 mo. 25 da

Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Balto. City

City or town: Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1868 W. Baltimore Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Lena Landauer LANDOWER

3. (b) Social Security Number: None.

4. Sex: Fem.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 1862

8. AGE: Years: 78 Months: ? Days: ? If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Unknown

11. Industry or business:

FATHER 12. Name: Morris Landauer.

13. Birthplace: Germany

MOTHER 14. Maiden name: Fannie Rickenberger

15. Birthplace: Germany.

16. Informant: Hosp. records.

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-12-40 (month) (day) (year)

Cemetery or cremation: Baltimore Hebrew Cem

Location: Belair Rd

18. Funeral director: J. Ahrens Co

Address: 2437 Reisterstown Rd

19. 3/10 1940 (Date rec'd by registrar) [signature] Registrar Deputy Loc

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 10 1940, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1938, to Mar. 10 1940, and that I last saw her alive on Mar. 9 1940.

Immediate cause of death: Bilateral Bronchopneumonia — DURATION: 5 days

Due to: Gen. Arteriosclerosis — Indef.

~~Due to~~ Senile Psychosis — Indef.

~~Other conditions~~

(Include pregnancy within 3 months of death)

Major findings:

Of operations: No

Of autopsy: As above.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: No Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE: Robert E. Gardner M.D. M.D. or other

Address: Spring Grove State Hosp. Date signed 3/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (462)

02836

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
County Baltimore
City or town Sparks
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 5 9 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Sparks Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Indian

3. (a) FULL NAME John A. Madden, Sr.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Fannie Madden
6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1864

8. AGE: Years	Months	Days	If less than one day
75	5	14	____ hrs. ____ min.

9. Birthplace Pikesville Balto Co., Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Alfred Madden
13. Birthplace Pikesville, Balto Co. Md

MOTHER
14. Maiden name Dorcas Davis
15. Birthplace Pikesville, Balto Co. Md.

16. Informant Mrs. John H. Madden
Address Sparks, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 31, 1940 (month) (day) (year)
Cemetery or crematory Sherwood
Location Sparks, Md.
18. Funeral director Landon M. Brooks
Address Sparks, Md.

19. March 29 1940 Wilmer C. Ensor
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 29, 1940, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1939, to Mar. 29, 1940.
and that I last saw him alive on Mar. 29, 1940.

Immediate cause of death Carcinoma of Stomach — DURATION ?
Due to arteriosclerotic Heart Disease.
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE Robert H. Ives, M. D. or other
Address Cockeysville, Md. Date signed 3/29/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02837

1. PLACE OF DEATH (50)

County Baltimore Registration Dist. No. 38

Village or City Towson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME MAY FLORA MADDOX

(a) Residence: No. 600 ANNESLIE AVE St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herschel V. Maddox

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
ABOUT	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSE WIFE

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) LOUISENANIA (State or country)

FATHER

13. NAME JULIAN EVES

14. BIRTHPLACE (city or town) FLORA (State or country) KY

MOTHER

15. MAIDEN NAME FLORA UNKNOWN

16. BIRTHPLACE (city or town) (State or country) UNKNOWN.

17. INFORMANT MRS MARY N. MADDOX (Address) 600 ANNESLIE AVE

18. BURIAL, CREMATION, OR REMOVAL PARSONS CE Place SALISBURY MD Date APRIL 1, 1940

19. UNDERTAKER HILL & JOHNSON (Address) SALISBURY MD

20. FILED 3/30, 1940 W. Everett Van Horn Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mch. (Month) 30 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1938, to Mch., 1940

I last saw her alive on 3/30, 1940; death is said to have occurred on the date stated above, at 7 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/29/40

Other Contributory Causes of Importance: Carcinoma of breast c̄ metastasis to throat

Name of operation Mastectomy Date of 1936.

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles H. Rein M. D.

(Address) 6701 York Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAY 4 1940 INTERIOR U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02838

STATE OF MARYLAND
CERTIFICATE OF DEATH

(157-2)

Registration Dist. No. 44

1 PLACE OF DEATH
County Baltimore
Village or City Colgate (No. 7809 Eastern ave St.: Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Mai

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N B.—Every item of information should be carefully supplied AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH: March (Month) 3 (Day), 1940 (Year)

7 AGE: ....yrs. ....mos. ....ds. | If LESS than 1 day 9 hrs. or ....min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: V
(b) General nature of industry business, or establishment in which employed or (employer): V

9 BIRTHPLACE (State or country): Baltimore County

PARENTS
10 NAME OF FATHER: Jacob Mai
11 BIRTHPLACE OF FATHER (State or country): Baltimore Co. Md
12 MAIDEN NAME OF MOTHER: Margaret Alice Haase
13 BIRTHPLACE OF MOTHER (State or country): Baltimore Co. Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Jacob Mai
(Address) 7809 Eastern Ave. Rd.

15 Filed 3-21 1940 John G. Connelly Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 3 (Day), 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from March 3 1940 to March 3, 1940 that I last saw h[im] alive on March 3, 1940 and that death occured on ths date stated above, at 5 P. m.

The CAUSE OF DEATH * was as follows:
Premature delivery
probably open frames ovule.
9 hours
(Duration) ....yrs. ....mos. ....ds.

Contributory Secondary
(Duration) ....yrs. ....mos. ....ds.

(Signed) M. G. Jacobs M. D.
March 4 - 1940 (Address) 1735 N. Bentalou St

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Jewish Alms House | DATE OF BURIAL: 3-21-1940

20 UNDERTAKER: John G. Connelly | ADDRESS: Essex Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return 'Laborer,' "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"), *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2810
N. Bacon

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02839

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 1 mo. 15 days.

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford Co.

City or town: Abingdon. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: ?
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Frederick Joseph Markowsky

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single.

6 (b) Name of husband or wife:

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): March 15. 1903

8. AGE:

Years	Months	Days	If less than one day
37	0	12	____ hrs. ____ min.

9. Birthplace: Czechoslovakia.
(Town, county, and state)

10. Usual occupation: Fisherman.

11. Industry or business: ?

FATHER
12. Name: John Markowsky
13. Birthplace: Czechoslovakia.

MOTHER
14. Maiden name: ?
15. Birthplace: Czechoslovakia.

16. Informant: Personal History - Hospital Record

Address: Eudowood Sanatorium, Towson, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Mar 30 1940 (month) (day) (year)

Cemetery or crematory: St Francis

Location: Abingdon Md

18. Funeral director: Howard K. McComas Son

Address: Abingdon Md

19. 3/28/1940 (Date rec'd by registrar) G. W. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 27 1940, at 7:40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 12 1940, to March 27 1940, and that I last saw h[illegible]elive on March 27 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis.	March 1937
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. A. Bridges M. D. or other

Address: Towson, Md. Date signed:

RECEIVED
APR 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

02840

Reg. Dist. No. 37

1940 68

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Sparks

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Sparks Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Harry Arthur Matthews

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife: ~~(Dead)~~ Dora Buck

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Jan. 18 1872

8. AGE: Years: 68 Months: 2 Days: 3 If less than one day: ____ hrs. ____ min.

9. Birthplace: Sparks (Town, county, and state)

10. Usual occupation: Secy - Erie Ins. Co.

11. Industry or business

FATHER 12. Name: Wm. Whitelock Matthews

13. Birthplace: Sparks, Md.

MOTHER 14. Maiden name: Alice Matthews

15. Birthplace: Sparks, Md.

16. Informant: D. Waugh Matthews

Address: Sparks, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/23/40 (month) (day) (year)

Cemetery or crematory: Friends

Location: Sparks, Md.

18. Funeral director: Landon M. Brooks

Address: Sparks Md.

19. Mar. 22 (Date rec'd by registrar) 40 Wilmer C. Ensor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 21 1940, at 12 30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 20 1940, to Mar 21 1940, and that I last saw h- alive on Mar. 21 1940.

Immediate cause of death: Coronary occlusion — DURATION

Due to: Chronic myocarditis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: G. M. Frame M. D. or other

Address: Parkton, Md. Date signed 3/22/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

02841

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VSA15

1. PLACE OF DEATH:

County: Baltimore

City or town: Sparks

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Sparks Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Herbert Matthews

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: None

6(c) If alive, give age: None years

7. Birth date of deceased (mo., day, yr.): July 31, 1863

8. AGE: Years	Months	Days	If less than one day
76	7	17	____ hrs. ____ min.

9. Birthplace: Sparks, Balto Co, Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER 12. Name: Evan Thomas Matthews

FATHER 13. Birthplace: Sparks, Balto Co, Md.

MOTHER 14. Malden name: Edith Scott

MOTHER 15. Birthplace: Sparks, Balto Co., Md.

16. Informant: Mrs. E. T. Matthews

Address: Sparks, Balto Co, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 19, 1940 (month) (day) (year)

Cemetery or crematory: Friends

Location: Sparks

18. Funeral director: Landon M. Brooks

Address: Sparks, Md.

19. March 18 1940 (Date rec'd by registrar) Wilmer C. Ensor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 17 1940, at 4:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1939, to Mch 17 1940, and that I last saw him alive on Mch. 16 1940.

Immediate cause of death	DURATION
Cerebral Thrombosis	1 mo.
Due to Arteriosclerosis	
Due to Senility	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wilmer C. Ensor M.D. M. D. or other

Address: Cockeysville Date signed Mch 18/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97) Reg. Dist. No. 32

CERTIFICATE OF DEATH

02842

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Pikesville, Md (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 Sherwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Edward Laurence McCullough

3 (b) If veteran, name war: World War Yes
3 (c) Social Security No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Helen Andrews McCullough
6. (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) June 21-1894

8. AGE: Years	Months	Days	If less than one day
45	8	14	____ hr. ____ min.

9. Birthplace Baltimore Co. Md (Town, county, and state)
10. Usual occupation Fireman
11. Industry or business Balto. Co. Fire Dept.

FATHER
12. Name James McCullough
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Anna Cruse
15. Birthplace Balto. Co. Md

16 (a) Informant Helen Andrews McCullough
(b) Address 27 Sherwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/12/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director Frank J. Newell
(b) Address Pikesville, Md.

19 (a) Mch 11-40 (Date rec'd by registrar) (b) E E Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death 3/9/40 19__, at 8.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1938, to Mch 9 1940 and that I last saw him alive on Mch 9 1940.

Immediate cause of death	Duration
Acute dilatation of Heart	30 minutes
Due to Arterial Hypertension	2-3 yrs.
Due to Arteriosclerosis	?
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E E Nichols Md (M. D. or other)
Address Pikesville Md Date signed Mch 11 40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 16 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

02843

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson RFD #8
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Towson R.F.D #8 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Samual Howard Merryman

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: None

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 7 1868

8. AGE: Years	Months	Days	If less than one day
71	3	10	hrs. min.

9. Birthplace: Towson RFD Balto. Co., Md.
(Town, county, and state)

10. Usual occupation: Machine Agent (Sales)

11. Industry or business: International Daunter Co.

FATHER
12. Name: George H. Merryman
13. Birthplace: Balto. Co., Md.

MOTHER
14. Maiden name: Mary Gronick
15. Birthplace: Balto. Co., Md.

18. Informant: Miss Laura Merryman

Address: Towson RFD # 8 Balto Co, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 20 1940 (month) (day) (year)

Cemetery or crematory: Merryman Family Cemetery

Location: Warren, Balto. Co., Md.

18. Funeral director: Landon M. Brooks

Address: Sparks, Md.

19. March 18 1940 (Date rec'd by registrar) Wilmer C. Ensor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 17 1940, at 11:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17 1940 to May 17 1940, and that I last saw him alive on May 17 1940

Immediate cause of death: Heart failure

DURATION: 5-17-40

Due to: Auricular Fibrillation

DURATION: Unk

Due to: Hypertension with arteriosclerosis

DURATION: Unk

Other conditions:

DURATION:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Bennett A. Stearn M. D. or other

Address: Cockeysville Md Date signed 3-18-40

RECEIVED
APR 5 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02844

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 4 yrs. 4 mths. 6 dys.
Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: --
City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 815 Brook's Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Catherine Meyers

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife: ----
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): February 28, 1905

8. AGE: Years: 35 Months: - Days: 8 If less than one day: ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: domestic

11. Industry or business: homes

FATHER
12. Name: Edward Meyers
13. Birthplace: Pennsylvania

MOTHER
14. Maiden name: Naomi Williams
15. Birthplace: Maryland

16. Informant: Hospital records
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/16/40 (month) (day) (year)
Cemetery or crematory: Spring Grove State Hosp
Location: Catonsville Md
18. Funeral director: Spring Grove State Hosp
Address: Catonsville Road Md

19. 3/14/40 (Date rec'd by registrar) 1940 Registrar: Hildegarde Dehnert Lord

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 6 1940, at 3 p.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 30 1935, to March 6 1940, and that I last saw her alive on March 6 1940.

Immediate cause of death	DURATION
Uremia	2 days
Due to Acute parenchymitis nephritis	2 days
Due to	
Other conditions Intestinal obstruction (adhesions)	4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Intestinal obstruction
Of autopsy: yes, see above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Robert E. Gardner M.D.
M. D. or other
Address: Spring Grove St. Hosp. Date signed: 3-8-40

RECEIVED
MAR 20 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

02845

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Spring Grove State Hospital

Stay in hospital or insf. (yrs., or mos., or days): 2 months, 26 days

Stay in this community (yrs., or mos., or days): 2 months, 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Seat Pleasant Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 121 67th St., Cormody Hill
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Catherine Miller

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

8 (b) Name of husband or wife: John Miller

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): October 14, 1859

8. AGE:

Years	Months	Days	If less than one day
80	4	28	____ hrs. ____ min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own home

FATHER
12. Name: Robert Brengle
13. Birthplace: Ireland

MOTHER
14. Maiden name: Mary Neally
15. Birthplace: Ireland

18. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 15, 1940 (month) (day) (year)

Cemetery or crematory: Greendale

Location: Meadville, Penna.

18. Funeral director: Frederick A. Dole

Address: 1200 W. Lombard St

19. 3/13 (Date rec'd by registrar) 19 ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 12, 1940, at 5:55 a m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 15, 1939, to March 12, 1940, and that I last saw her alive on March 12, 1940.

Immediate cause of death	DURATION
Chronic myocarditis	Before 1939
Due to	
Generalized arteriosclerosis	Before 1939
Due to	
Interstitial nephritis	Before 1939
Other conditions	
Senile psychosis	Before 1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No

Of autopsy: As given above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of ____

Where did injury occur? No (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Serge Androp
Serge Androp M. D. or other

Address: Spring Grove Hospital Date signed 3/12/40

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

02846

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Grays.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: River Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 81 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Grays Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. River Road.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR U.S. Navy 1874 to 1881

3. (a) FULL NAME George Washington Miller

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John Alice White Miller

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1859

8. AGE: Years 81 Months 1 Days 5 If less than one day ____ hrs. ____ min.

9. Birthplace Thistle, Baltimore Co Maryland (Town, county, and state)

10. Usual occupation Foreman, Retired

11. Industry or business Con Gas Elec Light & Pro. Co.

FATHER

12. Name Francis Joseph Miller

13. Birthplace Germany

MOTHER

14. Maiden name Barbara Geiger

15. Birthplace Germany

16. Informant Miss Ella Miller (Sister)

Address Ellicott City Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof Mar. 29, 1940 (month) (day) (year)

Cemetery or crematory St Johns Cemetery

Location Ellicott City, Md.

18. Funeral director Easton Sons

Address Ellicott City

19. 3/28 1940 N. C. Andrus Deputy Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 27 1940, at 9A.30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death acute dilatation heart

Due to Cardio vascular disease

Due to hypertension

Other conditions sudden death inquiry

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Geo S M Kieffer Dep. Med Exam Balt M. D. or other

Address 1010 Leeds Ave Date signed 3-27-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 3 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (164-C) Reg. Dist. No. 42

02847

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Balto

(b) City or town Arbutus (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Benson av

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Arbutus (If outside city or town limits, write RURAL and give town)

(d) Street No. 4800 Benson av (If rural give location)

(e) If foreign born, how long in U. S. A.? no years

3 (a) FULL NAME William Mohler

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 17, 1902

8. AGE: Years 38 Months – Days 21 If less than one day ____ hr. ____ min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual occupation Mechanic

11. Industry or business

FATHER 12. Name unknown

13. Birthplace unknown

MOTHER 14. Maiden Name unknown

15. Birthplace unknown

16 (a) Informant Louise Sternat

(b) Address 4800 Benson av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-13-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md

18 (a) Funeral director Ambrose Lane

(b) Address 1017 W Cross st

19 (a) Mch 12-40 (Date rec'd by registrar) (b) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. Date of death Mch 10 1940, at about 8 a M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death Gun shot wound in head through mouth

Due to Pistol

Due to Self inflicted

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide suicide

(b) Date of occurrence Mch 10 1940

(c) Where did injury occur? Arbutus (City or town) Balto (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work?

(e) Means of injury Deep Med

23. Signature Geo S McKieffer Exam Balto M. D. ~~or other~~

Address 1010 Leeds av Date signed Mch 10-40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 29 1940
BUREAU V. R.

02848

STATE OF MARYLAND—CERTIFICATE OF DEATH

93-d

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 117 Osbourne Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ~~[illegible]~~ yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emilia M. Nordman If U. S. Veteran, specify WAR

(a) Residence: No. 117 Osbourne Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Late Herman D. Nordman

6. DATE OF BIRTH (month, day, and year) April 15, 1861

7. AGE: Years 78 | Months 11 | Days 10 | If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Herman Faber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Charlotte Becker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Charlotte Nordman (Address) 117 Osbourne Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Loudon Park Date March 27, 1940

19. UNDERTAKER Harry H. Witzke (Address) 4101 Edmondson Ave (Baltimore)

20. FILED 3/27 1940 H. C. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 25 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb, 22, 1933 to March, 25, 1940.

I last saw her alive on March, 24, 1940; death is said to have occurred on the date stated above, at 5.00A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic.	10 year
Angina Pectoris.....	7 ..

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) S. Lloyd Johnson M. D.

(Address) CATONSVILLE MD.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
APR 2 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02849

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH:

County: Baltimore

City or town: Mr. White Hall, Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R.F.D #2

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Near White Hall, Md R.F.D #2 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Nicholas Norris

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clara Ayres Norris

6(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): Sept. 24. 1875

8. AGE: Years: 64 Months: 6 Days: If less than one day: hrs. min.

9. Birthplace: White Hall, Balto. Co., Md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Thomas J. Norris
13. Birthplace: White Hall, Maryland

MOTHER
14. Maiden name: Catherine Ayres
15. Birthplace: White Hall, Md

16. Informant: Clara A. Norris

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 27-1940 (month) (day) (year)

Cemetery or crematory: McKendree

Location: Mr. Black Horse P.O. White Hall, Md

18. Funeral director: P. Marklines Son

Address: White Hall, Md

19. Mar 26th 1940 (Date rec'd by registrar) Milner Boehmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 24 1940, at 4.50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1936, to Mar. 24 1940, and that I last saw him alive on March 24 1940.

Immediate cause of death: Broncho-pneumonia — DURATION: 6 days

Due to

Due to

Other conditions: Cerebral Hemorrhage — Aug 1 1936 and Oct. 18, 1938

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Chas. C. Ayres M. D. or other

Address: White Hall, Md. Date signed: 3/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

02850

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Sheppard & Enoch Pratt Hospital

Stay in hospital or insf. (yrs., or mos., or days): 4 years; 6 mos. 8 days

Stay in this community (yrs., or mos., or days): 4 years; 6 mos. 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 401 Hawthorn Road, Baltimore, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frank Pearl

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Ida McDuffy

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 26, 1853

8. AGE: Years: 86 Months: 7 Days: 5 If less than one day: hrs. min.

9. Birthplace: Farmington, New Hampshire
(Town, county, and state)

10. Usual occupation: Farmer (retired)

11. Industry or business:

FATHER
12. Name: Eleazer Pearl
13. Birthplace: New Hampshire

MOTHER
14. Maiden name: Anne Barbara Emerson
15. Birthplace: New Hampshire

16. Informant: Hospital Record

Address: Sheppard & Pratt Hospital

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/3/1940 (month) (day) (year)

Cemetery or crematory: Farmington Cemetery

Location: Dover New Hampshire

18. Funeral director: William Cook

Address: 1217 St Paul St

19. 3/1 (Date rec'd by registrar) 19 Ho W Carroll Vaughn Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 1, 1940, at 8:20AM. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 23, 1935 to March 1, 1940, and that I last saw him alive on March 1, 1940

Immediate cause of death	DURATION
Bronchopneumonia	3 days
Due to	
Due to	
Other conditions: Senile Psychosis	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: Generalized arteriosclerosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Arthur E. Pattrell, M.D. M. D. or other

Address: Towson, Maryland. Date signed:

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

CERTIFICATE OF DEATH

02851

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Haarlem Lodge

Stay in hospital or inst. (yrs., or mos., or days) 10 days

Stay in this community (yrs., or mos., or days) 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Union Bridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ida Pearre

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband or wife Earnest Pearre

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1859

8. AGE: Years 81 | Months | Days | If less than one day hrs. min.

9. Birthplace Frederick County, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER 12. Name Hammond Clary

13. Birthplace Not Known

MOTHER 14. Maiden name Not Known

15. Birthplace Not Known.

16. Informant Mrs. Blanche Baker.

Address Union Bridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 11. 1940 (month) (day) (year)

Cemetery or crematory Pipe Creek Cemetery

Location near Uniontown Md.

18. Funeral director D. D. Starkey & Son

Address Union Bridge Md.

19. 3/8 (Date rec'd by registrar) 1940 B. Hardyn Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 29 1940 to March 8 1940, and that I last saw h ev alive on March 8 1940.

Immediate cause of death	DURATION
Cardio-Vascular-Renal Disease	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Fred A. Bixs, M.D.
M. D. or other

Address Haarlem Lodge, Catonsville Date signed 3/8/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
APR 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02852

1. PLACE OF DEATH

County Balto Registration Dist. No. 43

Village or City Carney No. 345 Second Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara May Perkins If U. S. Veteran, specify WAR .....

(a) Residence: No. 345 Second Ave St., Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Perkins

6. DATE OF BIRTH (month, day, and year) May 9- 1878

7. AGE Years 61 Months 10 Days 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month end year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Louis Justice

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Clara

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Eugene Perkins

(Address) 345 Second Ave-Carney

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 3-16-40, 19

19. UNDERTAKER Leonard J. Rush

(Address) 5300 Harford Road

20. FILED 3/15, 1940 Mrs. G. A. Fritz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 6th, 1939, to March 13, 1940

I last saw her alive on March 13, 1940; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Diabetes	May 6th 1939

Other Contributory Causes of Importance:

Pulmonary Tuberculosis	June 1939

Name of operation ..... Date of .....

What test confirmed diagnosis? Sugar Urinary Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Edwin Burson M. D.

(Address) 1 W. Overlea

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
MAR 20 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02853

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Balto

City or town: Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove Hospt.

Stay in hospital or inst. (yrs., or mos., or days): 38-2-8

Stay in this community (yrs., or mos., or days): 38-2-8

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Balto

City or town: Rockland Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(o) IF VETERAN, NAME WAR

3. (a) FULL NAME: Minnie M. Pierce

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Warfield S. Pierce

6(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: 69 Months: Days: If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER: 12. Name: John T. Tracey

13. Birthplace: Md.

MOTHER: 14. Maiden name: Virginia Berryman

15. Birthplace: Md.

16. Informant: Warfield S. Pierce

Address: Owings Mills, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March (month) (day) (year)

Cemetery or crematory: Asbury Cem. March 28 '40

Location: Reisterstown, Reisterstown Road.

18. Funeral director: Wm. Berryman & Sons

Address: Reisterstown, Md.

19. 3/25 (Date rec'd by registrar) 1940 [signature] Registrar

Deputy Lord

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-25 1940, at 815 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 1936, to March 25 1940, and that I last saw her alive on March 25 1940.

Immediate cause of death: Pneumonia, Lobar, bilateral — DURATION: 2 days

Due to: Chronic Parenchymatous Nephritis before 1939

Due to: Generalized Arteriosclerosis before 1939

Other conditions: Manic Depressive Psychosis (Include pregnancy within 3 months of death) — 38 years.

Major findings:

Of operations: No

Of autopsy: As given above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No.

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Serge Androp M. D. or other

Address: Catonsville, Md. Date signed: 3/25.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

02854

Reg. Dist. No. 40

1. PLACE OF DEATH:

County: Baltimore

City or town: ~~Baltimore~~ Notch Cliff
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Villa Maria, Notch Cliff, Glenarm, P.O.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Notch Cliff, Glenarm, P.O.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sister Mary Cunegunda Poerringer

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 19, 1858

8. AGE:

Years	Months	Days	If less than one day
82	1	17	____ hrs. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: Frank Poerringer
13. Birthplace: Bavaria

MOTHER
14. Maiden name: Cunigunda Goetz
15. Birthplace: Bavaria

16. Informant: Sr. M. Peter Fourier

Address: Notch Cliff, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 8/40 (month) (day) (year)

Cemetery or crematory: Notch Cliff.

Location: Glen Arm

18. Funeral director: Geo M Frank Son

Address: 811 N Wolfe St

19. 3/7/40 (Date rec'd by registrar) 19 W. McHammoff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 6 1940, at 4 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1939, to Feb. 1940, and that I last saw her alive on February 27 1940.

Immediate cause of death: Apoplexy

DURATION: 11 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [signature] Jr. M. D. or other

Address ____ Date signed ____

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

02855

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Baltimore

City or town Glenwood Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Woodstock Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infant give residence of mother)

State Md County Baltimore

City or town Glenwood Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Woodstock Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Rafferty

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1864

8. AGE: Years 75 | Months 5 | Days 2 | If less than one day ___ hrs. ___ min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Daniel Rafferty

13. Birthplace Ireland

MOTHER 14. Maiden name Catherine Connory

15. Birthplace Ireland

16. Informant Mr. Clarence Fisher

Address Woodstock Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-20-40 (month) (day) (year)

Cemetery or crematory St Charles Cemetery

Location Pikesville Md.

18. Funeral director C. Harry Lee

Address Pikesville Md.

19. March 19 1940 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1940, at 10:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1939, to Mar 17 1940, and that I last saw him alive on Mar 10 1940

Immediate cause of death	DURATION
Chronic Valvular Heart Disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm E. Martin M. D. or other

Address Randallstown Md Date signed

RECEIVED
APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

CERTIFICATE OF DEATH

02856

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Balto

City or town 703 J. St. Sparrows Point

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Sparrows Pt. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 703 J. St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry Redd

3. (b) Social Security Number 213-07-4181

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced ~~Single~~ Widower

6 (b) Name of husband or wife Willie Ann Redd

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 56 | Months | Days | If less than one day hrs. min.

9. Birthplace Farmville Va.

(Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business Bethlehem Steel Co.

FATHER

12. Name Ben Redd.

13. Birthplace Va.

MOTHER

14. Maiden name Harriett?

15. Birthplace ?

16. Informant Minnie Taylor

Address 703 J. St. Sparrows Pt.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-3-40 (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Calvary

Location A. A. Co.

18. Funeral director Saml. W. Chase & Son

Address 638 N. Gilmor Balto.

19. Apr. 1 1940 (Date rec'd by registrar) D. L. Farber Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31st 1940, at 11-A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from 19 , to 19~~

~~and that I last saw h alive on 19~~

Immediate cause of death Valvular heart disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. G. O. Myer Deputy M Ex M. D. or other

Address Pikesville Md Date signed 3-31-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
APR 2 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (924)

02857

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
County Baltimore
City or town Holbrook
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 50 yrs.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Holbrook Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anton Reisberg

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Matilda Reisberg
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25th, 1854

8. AGE: Years	Months	Days	If less than one day
85	8	2	hrs. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Harry Reisberg
Address Marriottsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 29 1940 (month) (day) (year)
Cemetery or crematory Ward's Chapel
Location Liberty Road

18. Funeral director C. Harry Weer
Address Sykesville, Md.

19. March 28 1940 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 27, 1940 1940, at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 13 1940, to Mar 27 1940, and that I last saw him alive on Mar 27 1940.

Immediate cause of death	DURATION
Cardio Vascular Disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm. E. Martin M. D. or other
Address Randallstown Md Date signed Mar 28 1940

MARGIN RESERVED FOR BINDING. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

V6-A15

RECEIVED
APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

02858

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Balto.

City or town: Jerusalem

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Jerusalem Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha D. Reynolds

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife: Milton B. Reynolds

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov 10-1869

8. AGE:

Years	Months	Days	If less than one day
70	4	14	hrs. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER 12. Name: John P. Mayer

13. Birthplace: Virginia

MOTHER 14. Maiden name: Hutson

15. Birthplace: Virginia

16. Informant: Lida V. Reynolds

Address: 1122 N. Hudson St. Arlington Va.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Mar 27-1940 (month) (day) (year)

Cemetery or crematory: Salem M.E.

Location: Upper Falls Md.

18. Funeral director: Clarence E. Arthur

Address: Cockeysville Md.

19. 4/27/40 (Date rec'd by registrar) 19 J. M. Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 24 1940, at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22 1940, to March 24 1940, and that I last saw h-- alive on March 24 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	March 21st
Due to: Essential hypertension	Years
Due to:	
Other conditions: ✓	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ✓

Of autopsy: ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Fred O Hodous M.D.

M. D. or other

Address: Edgewood Md Date signed 3-24-40

RECEIVED
MAR 28 1940
BUREAU V. R.

8-9 Social Security number: Pass. 216-01-4472

STATE OF MARYLAND—CERTIFICATE OF DEATH

02859

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Parkville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Carl Rittershofer If U. S. Veteran, specify WAR no

(a) Residence: No. 7917 Old Harford Road St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Rittershofer

6. DATE OF BIRTH (month, day, and year) Aug 1 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	7	26	

OCCUPATION

8. Treda, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Shipping clerk

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. American Brewery

10. Date deceased last worked at this occupation (month end yeer)

11. Total time (yeers) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Rittershofer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Marie Rittershofer (Address) 7917 Old Harford Road

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date Mar. 30, 1940

19. UNDERTAKER Albert W. Seregow (Address) 440 E. North Ave

20. FILED 3/30, 1940 A. W. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar. (Month) 27 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attendad dacaasad from 10/31/39, to 3/27/40

I last saw him aliva on 3/26/40; deeth is said to heve occurrad on the date stated above, at 10 A. m.

The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca were as follows:

	Date of onset
Carcinoma of bladder	1935
Carcinomatosis	1939

Other Contributory Causes of Importance:

Myocardial insufficiency

Name of operation Excising Ca of bladder Date of Mch 1935.

Whet test confirmed diagnosis? Laboratory exam. Wes thera an autopsy? No.

23. If deeth wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Geo. A. Barden M. D.

(Address) 1517 E. North Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

02860

CERTIFICATE OF DEATH

Reg. Dist. No. 36 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Woodlawn (Larchmont)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 2413 Birch Drive

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Woodlawn (Larchmont) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2413 Birch Drive
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Edmond Walter Robinson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Gloibel Weems

6 (c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 25. 1874

8. AGE: Years: 66 | Months: 1 | Days: 19 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual occupation: Unemployed

11. Industry or business:

FATHER
12. Name: Logan Robinson
13. Birthplace: Virginia

MOTHER
14. Maiden name: Louise Stiff
15. Birthplace: Virginia

16. Informant: Mr Richard Warner

Address: 2413 Birch Drive Larchmont

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 18 1940 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Baltimore Md

18. Funeral director: William J Tuckner + Sons

Address: North + Pentsylvania Ave

19. March 18 1940 (Date rec'd by registrar) J J Miller Pied Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15 1940, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 9 1940, to March 15 1940, and that I last saw him alive on March 14 1940.

Immediate cause of death: Carcinoma of Stomach — DURATION: 6 mo.

Due to:

Due to:

Other conditions: Generalized Arteriosclerosis
Gangrene of left foot 10 days
(Include pregnancy within 3 months of death)

Major findings:

Of operations: No operation

Of autopsy: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Joshua H. Armacost M.D.
M. D. or other

Address: Woodlawn Md Date signed: March 16 1940

RECEIVED
APR 3 1940
BUREAU V. S.

Joshua Armacost
6419 Woodlawn
Windsor Mill Md.

02861

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(99)

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Baltimore

City or town: Harrisonville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): 10 yrs.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Harrisonville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Lyons Mill Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William T.K.Robosson

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Sarah E.Robosson

6(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Mar.21st,1858

8. AGE: Years: 82 Months: - Days: 3 If less than one day: ..... hrs. ..... min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Elijah Robosson
13. Birthplace: Md.

MOTHER
14. Maiden name: Rebecca DeVries
15. Birthplace: Md.

16. Informant: Mrs. Richard Mielke

Address: Randallstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar.27,1940 (month) (day) (year)

Cemetery or crematory: Ward's Chapel

Location: Liberty Road

18. Funeral director: C Harry Weer

Address: Sykesville Md

19. March 25 1940 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 25 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 26 1940, to Mar 25 1940, and that I last saw him alive on Mar 24 1940.

Immediate cause of death: Paralytic Ileus: not due to cancer. Preceded operation, and was probably due to mesenteric thrombosis and arteriosclerosis. C.W.E.R.

DURATION: 3 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Wm. E. Martin M. D. or other

Address: Randallstown Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02862

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Mount Wilson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days) 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 305 S. Cornwall Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Marie Augusta Rodrick

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Howard Rodrick

6(c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) April 30, 1912

8. AGE: Years	Months	Days	If less than one day
27	10	2	____ hrs. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER 12. Name Lawrence D. North

13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden name Elizabeth Morman

15. Birthplace Baltimore, Maryland

16. Informant J. Frank Spalding

Address Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 5, 1940 (month) (day) (year)

Cemetery or crematory Schwartz's Cemetery

Location Baltimore, Maryland

18. Funeral director John A. Miller

Address 2334 Jefferson St., Balto., Md.

19. Mar. 2, 1940 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1940, at 4:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 29, 1940, to March 2, 1940, and that I last saw her alive on March 2, 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 month
Due to Tubercle Bacilli	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations No operations

Ot autopsy No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Stewart S. Shaffer M.D. M. D. or other

Address Mt. Wilson, Md. Date signed 3/2/40

MAR 5 1940
BUREAU V. S.

02863

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82)

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore

City or town Owings Mills, Md. (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rosewood State Training School

Stay in hospital or inst. (yrs., or mos., or days) 4 yrs. 5 mos. 24 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore city

City or town Baltimore, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 340 S. Clinton St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Roettger

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/28/'24.

8. AGE:

Years	Months	Days	If less than one day
16	0	1	2 hrs. 30 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Inmate at Rosewood

11. Industry or business

FATHER
12. Name Fred Roettger
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden name Anastacia Minitor
15. Birthplace Baltimore, Md

16. Informant Institutional Records

Address Rosewood Owings Mills, Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Mar. 5-40
(month) (day) (year)

Cemetery or crematory ~~Holy Redeemers~~ N. Catherine

Location Belair Road

18. Funeral director Lilly & Zeiler INC.

Address 403 S. Wolfe St.

19. Mar. 2 1940
(Date rec'd by registrar)

J. Frank Nolle M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1, 1940, at 2:30 AM.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 28, 1940, to March 1, 1940 and that I last saw him alive on March 1, 1940

Immediate cause of death Broncho Pneumonia — DURATION 3 days.

Due to Acute Bronchitis — 4 days.

Due to

Other conditions Congenital Apastic Diplegic idiot — cong.
(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harry L. Butler, M.D.
M.D. or other

Address Owings Mills, Md Date signed 3/1/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 4 1940
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-C)

02864

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town ~~Ten Hills~~, Maryland MERIDALE
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 623 Aldershot Road
Stay in hospital or inst. (yrs., or mos., or days) none
Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town ~~Ten Hills~~ MERIDALE Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 623 Aldershot Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rosa R. Rogers

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Edward H. Rogers
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 13, 1865

8. AGE:

Years	Months	Days	If less than one day
74	11	18	____ hrs. ____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name George Kilian
13. Birthplace Germany

MOTHER
14. Maiden name Wilhelmina Damman
15. Birthplace Germany

16. Informant Mrs. G. J. Hunt
Address 625 Aldershot Road, ~~Ten Hills~~ MERIDALE, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof April 2, 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Druid Ridge
Location Pikesville, Md.

18. Funeral director George J. Smith
Address 1900 Eutaw Place, Baltimore, Md.

19. 4/2 1940 (Date rec'd by registrar) [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940, at 10 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1939, to March 31 1940, and that I last saw her alive on March 30 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Due to Arterio-sclerosis	5 yrs
Due to Chronic Interstitial Nephritis	5 yrs
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Wilhelmina F. Phillips M.D.
M. D. or other
Address 6 E. Biddle St., Balto. Date signed 4/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 13 1940
BUREAU V. S.

02865

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (94a)

County Baltimore Registration Dist. No. 41

Village or City Dundalk No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Arthur Rosling If U. S. Veteran, specify WAR

(a) Residence: No. 40 Flagships Rd. St., Ward. Social Security No. - Pass. 216-07-8143

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Charlsworth Rosling

6. DATE OF BIRTH (month, day, and year) Oct. 23 - 1874

7. AGE Years 65 Months 4 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Mechanic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Conc. Roofing

10. Date deceased last worked at this occupation (month and year) to date

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME Thomas A. Rosling

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Thomas S. Rosling (Address) 40 Flagships Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Morelands Date 3 - 13, 1940

19. UNDERTAKER John G. Connelly (Address) Essex Md.

20. FILED 3/13, 1940 Milton M. Nelson Local Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb. 19, 1940, to March 10, 1940

I last saw him alive on March 7, 1940; death is said to have occurred on the date stated above, at 10:15 a.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/10/40
Other Contributory Causes of importance:	
Myocarditis	—
Arterio-sclerosis	—

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M B Davis M. D.

(Address) Dundalk, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

M. McCarmine Reg.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02866

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Balto

City or town: Raspeburg (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 9 Cliftwood Rd.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 9 Cliftwood Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War I

3. (a) FULL NAME: Charles A. Schemmel

3. (b) Social Security Number: Corr. No. 219-05-9626

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife: Edna S.

6(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): March 15, 1896

8. AGE: Years: 44 | Months: - | Days: - | If less than one day: ____ hrs. ____ min.

9. Birthplace: Balto Co. (Town, county, and state)

10. Usual occupation: Foreman

11. Industry or business: T. B. Gatchy.

FATHER 12. Name: Theodore P. Schemmel

13. Birthplace: Germany

MOTHER 14. Maiden name: Elizabeth Butter

15. Birthplace: Germany

16. Informant: Edna S. Schemmel

Address: 9 Cliftwood Rd.

17. (Burial, cremation, or removal. Which?) Burial Date thereof 3 (month) 18 (day) 40 (year)

Cemetery or ~~crematory~~: Oak Lawn Mem.

Location: Eastern ave Rd

18. Funeral director: Martin K. E. Deppel

Address: 7110 Belair Rd.

19. 3/18 (Date rec'd by registrar) 19 40 Mrs. G. A. Fritz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15 19 40, at 4:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 5 19 35, to March 15 19 40, and that I last saw him alive on March 15 19 40.

Immediate cause of death	DURATION
Cerebral Hemorrhage	10 HRS.
Due to: Chronic Nephritis	9 YRS?
Due to: Arterial Hypertension	5 YRS?
Other conditions: Right Hemiplegia, due to old intracerebral hemorrhage	9 YRS.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Intracranial Hemorrhage (1931)

Late cysts of Cerebellum & Temporal Lobe

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John W Machen M.D. M. D. or other

Address: 6304 Belair Rd. Date signed 3/15/40

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MAR 20 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8370

02867

CERTIFICATE OF DEATH

Reg. Dist. No. 44

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Baltimore
City or town ~~Baptistown~~ Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 54 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Bala
City or town Essex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Riverside & Poplar
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George S Schiesser

3. (b) Social Security Number 218-07-8337

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth S Schiesser
6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Dec 25 / 1865

8. AGE:

Years	Months	Days	If less than one day
74	3	2	____ hrs. ____ min.

9. Birthplace Germany
(Town, county, and state)
10. Usual occupation Butcher
11. Industry or business
FATHER 12. Name Michael Schiesser
13. Birthplace Germany
MOTHER 14. Maiden name Dont know
15. Birthplace Germany
16. Informant Mrs Elizabeth Schiesser
Address Riverside & Poplar
17. Burial Date thereof March 31 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Oak Lawn Cem
Location Baltimore
18. Funeral director John Leelrick
Address 2008 Allegany St
19. 3-29-1940 John J. Connelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1940, at 7P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 1940, to March 27 1940, and that I last saw him alive on March 27 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	8 days
Due to Hypertension, Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
20 operations —
20 autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. F. White M.D.
M. D. or other
Address 7610 Eastern Ave, Balto Md Date signed 3/27/40

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APR 6 1940
BUREAU V. S.

02868

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Balto

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hosp

Stay in hospital or inst. (yrs., or mos., or days): 15 yrs

Stay in this community (yrs., or mos., or days): 15 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Catonsville Ward No. Baltimore
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Spring Grove State Hosp Broadway
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: John Schmidt

3. (b) Social Security Number: no

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Amelia Nedza

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): dont know

8. AGE: Years: 55 Months: — Days: — If less than one day: — hrs. — min.

9. Birthplace: Poland
(Town, county, and state)

10. Usual occupation: Labor

11. Industry or business

FATHER
12. Name: dont know
13. Birthplace: dont know

MOTHER
14. Maiden name: dont know
15. Birthplace: dont know

16. Informant: Records Spring Grove state Hosp

Address: Catonsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3-26-40 (month) (day) (year)

Cemetery or crematory: Spring Grove State Hosp

Location: Catonsville Md

18. Funeral director: Spring Grove State Hosp

Address: Catonsville

19. 3/26 (Date rec'd by registrar) 1940 H L Sudreal Registrar Deputy Local.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mch 21 1940, at 2-55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Cardio vascular

Due to: disease

Due to: Hypertension

Other conditions: sudden death

Major findings: (Include pregnancy within 3 months of death)

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work? ____

23. SIGNATURE: Geo McKeeffer MD Deputy Med Exam J Balto
M. D. or other

Address: 1010 Leeds ave Date signed: Mch 21, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

02869

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 43 yrs. 7 mths. 3 dys.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 711 S. Fremont Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Henry J. Schwartz

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE:

Years	Months	Days	If less than one day
76	?	?	____ hrs. ____ min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual occupation: printer

11. Industry or business: shop

FATHER
12. Name: Jacob Schwartz
13. Birthplace: unknown

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Hospital records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/27/40 (month) (day) (year)

Cemetery or crematory: Spring Grove State Hosp

Location: Catonsville Md

18. Funeral director: Spring Grove State Hosp

Address: Catonsville Md

19. 3/27 19 40 (Date rec'd by registrar) H. C. Sanders Registrar
Deputy Local

MEDICAL CERTIFICATION 12:15

20. DATE OF DEATH: March 16 1940, at p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 26 1939, to March 16 1940, and that I last saw him alive on March 16 1940.

Immediate cause of death	DURATION
Arteriosclerotic heart	
Due to disease	unknown
Due to	
Other conditions: bed-sores	1 month

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work? ____

23. SIGNATURE: Silas W. Wettmer M.D.
M. D. or other

Address: Spring Grove State Hosp. Date signed: 3-16-40

RECEIVED
APR 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02870

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto.
City or town Baldwin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto
City or town Baldwin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martin Schweikart

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Elizabeth Schweikart
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9 - 1856

8. AGE:

Years	Months	Days	If less than one day
84	4	21	hrs. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name John Schweikart
13. Birthplace Germany
MOTHER 14. Maiden name Anna Swartz
15. Birthplace Germany
16. Informant Harry Schweikart
Address Baldwin Md.
17. Burial Date thereof April -40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. John Lutheran
Location Sweet Air Md.
18. Funeral director Clarence E. Arthur
Address Fork Md.
19. 3/31/40 19 W M Hammett
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 30 1940, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 25 1940, to Mar 30 1940, and that I last saw him alive on Mar 30 1940.

	DURATION
Immediate cause of death Coronary Occlusion	1 day
Due to Arteriosclerosis	5 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

SIGNATURE Walter M Hammett M. D. or other
Address Baldwin Date signed 3/31/40

RECEIVED
APR 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02871

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County ~~Anne Arundel~~ Baltimore. Registration Dist. No. 43

Village or City Rosemont No. Alabama Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Wesley Sears

If U. S. Veteran, specify WAR 5

(a) Residence: No. Alabama Ave St., Ward. S. S. # 216-10-5648

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Grace Ellen Sears

6. DATE OF BIRTH (month, day, and year) July 20th 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	0	

OCCUPATION

8. Treda, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Foreman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Buck Glass Co

10. Dete deceased last worked at this occupation (month and year) 3/18/40

11. Total tima (years) spent in this occupation 2

12. BIRTHPLACE (city or town) A. A. Co. (State or country) Md.

FATHER

13. NAME Beauregard Sears

14. BIRTHPLACE (city or town) A. A. Co. (State or country) Md

MOTHER

15. MAIDEN NAME Lola Bell Trott

16. BIRTHPLACE (city or town) A. A. Co. (State or country) Md.

17. INFORMANT Mrs Grace E. Sears (Address) Alabama Ave - Rosemont

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date Mar 23rd 1940

19. UNDERTAKER Wm Cook (Address) 1217 St. Paul St

20. FILED Mch 20, 1940 Geo. Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar (Month) 20th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 18 1940, to Mar 20, 1940

I last saw him alive on March 20, 1940, deeth is said to heve occurred on the date stated above, at 12 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Angina Pectoris	18 Mar
Other Contributory Causes of importance: Coronary Heart Disease	1936

Neme of operation None Date of

What test confirmed diagnosis? Clinical Was thara an autopsy? No

23. If daath was due to external causes (VIOLENCE) fill in also the following:—

Accidant, suicida, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Spacify whethar injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury

Nature of injury

24. Was disaase or injury in any way relatad to occupation of deceasad? No

If so, specify

(Signad) H. Laurence Wheeler M. D.

(Address) 2910 Kelly Ferry Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. of Baltimore.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92-d) not BC Reg. Dist. No. 31

02872

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Harrisonville, R.D.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 3 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) ~~County~~

(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)

(d) Street No. 131 McMechin St
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Louis M Sellman

3 (b) If veteran, name war ✓

3 (c) Social Security No. none

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Verdie C. Jean 1st Mary A Dittus 2nd

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1864

8. AGE: Years 75 Months 6 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace Warfieldsburg, Carroll Co., Md
(Town, county, and state)

10. Usual occupation Inspector of Customs

11. Industry or business U.S. Government

FATHER
12. Name Joshua Sellman
13. Birthplace Maryland

MOTHER
14. Maiden Name E. Jane Wilt
15. Birthplace Maryland

16 (a) Informant L. Jean Sellman
(b) Address Randallstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 14 1940 (month) (day) (year)

(c) Cemetery or crematory Stone Chapel
Location near Warfieldsburg Md

18 (a) Funeral director C. H. Weer
(b) Address Sykesville Md

19 (a) Mar 12 1940 (Date rec'd by registrar) (b) Wm. E. Martin Registrar

MEDICAL CERTIFICATION

20. Date of death Mar. 11th 1940 at 11 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 4th 1940, to Mar. 11, 1940, and that I last saw him alive on Mar. 11, 1940.

Immediate cause of death Pulmonary edema

Due to Broken compensation

Due to Chronic Valv. Heart Disease

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. E. Martin M. D. or other

Address Randallstown Date signed 3/12/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02873

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH.

County Baltimore

City or town Harrisonville Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Randallstown Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md, County Baltimore

City or town Harrisonville Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Randallstown Md

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William E. Shirley

3. (b) Social Security Number 223-18-2412

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Emma Shirley

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1875

8. AGE: Years 64 Months 8 Days 3 If less than one day hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Painter

11. Industry or business

FATHER 12. Name Wm Shirley

13. Birthplace Md.

MOTHER 14. Maiden name Annie Lowell

15. Birthplace Md.

16. Informant Mrs Wm E. Shirley

Address Randallstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-16-40 (month) (day) (year)

Cemetery or crematory Mt Olive cemetery

Location Randallstown Md.

18. Funeral director C. Harry Weer

Address Sykesville Md.

19. March 15 1940 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940, at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 11 1940, to March 14 1940, and that I last saw him alive on March 13 1940.

Immediate cause of death	DURATION
Lobar pneumonia	3 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm E. Martin M. D. or other

Address Randallstown Md Date signed March 15 1940

RECEIVED
APR 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

02874

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Balto

City or town Perry Hall

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto

City or town Perry Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sims Baby.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W.	—

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 18, 1940

8. AGE: Years	Months	Days	If less than one day
—	—	—	1 hrs. — min.

8. Birthplace Perry Hall Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Chas. E. Sims

13. Birthplace Md.

MOTHER 14. Maiden name Hattie M. Smith

15. Birthplace Md.

16. Informant Chas. E. Sims

Address Kingsville Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Mar 18 1940 (month) (day) (year)

Cemetery or crematory Mountain Camp

Location Harford Co. Md.

18. Funeral director Clarence E. Arthur

Address Fork Md.

19. 3/18 1940 (Date rec'd by registrar) Clarence E. Arthur Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 4 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 18 1:20 A.M. 1940, to March 18 1940, and that I last saw h- alive on March 18 1940.

Immediate cause of death	DURATION
Prematurity	6 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Fred O Hodous M.D.

M. D. or other

Address Edgewood, Md Date signed 3-18-40

RECEIVED
APR 4 1940
BUR. CAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02875

1. PLACE OF DEATH

County Baltimore (93-D) Registration Dist. No. 42

Village or City Halethorpe No. Park Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Annie Smaw

(a) Residence: No. Park Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm H Smaw

6. DATE OF BIRTH (month, day, and year) Feb 9 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Church Creek Md

FATHER

13. NAME Levin S Fooks

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louisa Richardson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edith P Smaw (Address) Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date March 25, 1940

19. UNDERTAKER Geo W Little (Address) 2700 Edmondson Ave

20. FILED March 23 1940 Gerhart Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1937, to March 21, 1940

I last saw h- alive on March 20, 1940; deeth is said to have occurred on the dato stated above, at 4:05 P.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
With Cirrhosis - Advanced	1937

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following: -

Accident, suicide, or homicide? - Dete of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury -

Nature of Injury

24. Was disease or Injury In eny way ralated to occupation of deceased? No

If so, specify

(Signed) Willard F Larson M. D.

(Address) Halethorpe

MARGIN RESERVED FOR BINDING

N B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02876

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 yrs. and 9 days

Stay in this community (yrs., or mos., or days) " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince George Co.

City or town Mt. Rainier Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3131 Cedar Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie L. Smith

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Joseph Smith

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 5, 1891

8. AGE:

Years	Months	Days	If less than one day
48	7		____ hrs. ____ min.

9. Birthplace Hyattsville, Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER
12. Name Howard O. Emmoms
13. Birthplace Maryland

MOTHER
14. Maiden name Lydia or Katherine (?)
15. Birthplace Unknown

16. Informant Hospital records.

Address

17. Burial - Removal Date thereof March 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bladensburg Md

Location Bladensburg Md

16. Funeral director F. Gasch's Sons

Address Hyattsville Md

19. 3/5 1940 [signature] Registrar
(Date rec'd by registrar) Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1940, at 4:05 a.m. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 26, 1938, to March 5, 1940, and that I last saw her alive on March 5, 1940.

Immediate cause of death	DURATION
Coronary thrombosis	2 days
Due to Chronic interstitial nephritis	Indef.
Due to Diabetes mellitus	"
Other conditions Schizophrenia since	1919

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert E. Gardner M.D.
Robert E. Gardner, M.D. M. D. or other

Address Spring Grove State Hosp. Date signed 3/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 2 1940
BUREAU V. S.

02877

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ORPINGTON RD

Stay in hospital or inst. (yrs., or mos., or days): 6 Months

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County:

City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 508 Westgate Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ione Clifton Smith

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: J. Carson Smith

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 24 1867

8. AGE: Years	Months	Days	If less than one day
72	7	3	hrs. min.

9. Birthplace: Unointown Carroll Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: George Washington Yingling
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary E. Reever
15. Birthplace: Maryland

16. Informant: Mr. Harold Smith
Address: 630 Orpington Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 30 1940 (month) (day) (year)

Cemetery or crematory: Western

Location: Baltimore, Md.

18. Funeral director: William J. Tickner & Sons
Address: North & Pennsylvania Aves

19. 3/30 (Date filed by registrar) 19 40 [signature] Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 27 1940, at 3:41 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7 1940, to March 27 1940, and that I last saw her alive on March 27 1940.

Immediate cause of death: Bronchopneumonia — DURATION: 20 days

Due to: Cold & La grippe

Due to:

Other conditions: Chronic Arthritis — ?
Arterio Sclerosis & Chr Nephritis — ?
(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: Injured at work? —

23. SIGNATURE: George L Wissig M.D. M. D. or other

Address: 4000 Edmondson Ave Date signed: 3-28-40

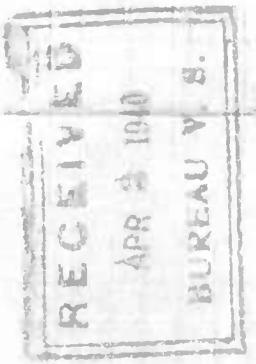
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Geo. Wissig

M. Arts Bldg



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

02878

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Catonsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 21 E. Hayden Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Girl Salli.

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Infant

B (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 10 - 1940

8. AGE: Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace Catonsville Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER 12. Name George Salli

13. Birthplace Baltimore Md.

MOTHER 14. Maiden name Zella G. Childress

15. Birthplace Baltimore Md.

16. Informant Mr. George Salli

Address 21 Chipotle Ave Catonsville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 11-1940 (month) (day) (year)

Cemetery or crematory Loudon Park

Location Baltimore Md.

18. Funeral director J. Bachman Turner

Address 9 N. Eutaw

19. 3/10 19 40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 7:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 10. 1940 to March 10. 1940, and that I last saw her alive on 3/10. 1940

Immediate cause of death	DURATION
(a) Still Born,	
Due to —	
(b)	
Due to —	
(c)	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings: None.

Of operations —

Autopsy None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE J. Bachman Turner, M. D. or other

Address 888 W. Lombard St. Date signed 3/11/40.

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APR 8 1940
BUREAU V. S.

Dr. C. Thorton
888 N. Lombard St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82)

CERTIFICATE OF DEATH

02879

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Balto.
City or town: Dundalk
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 11 Leeway
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 11 Leeway
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harry H. Soth

3. (b) Social Security Number:

4. Sex: M.
5. Color or race: W.
6. (a) Single, married, widowed, or divorced: Widowed.
6 (b) Name of husband or wife: Mollie Soth
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): March - 16 - 1868
8. AGE: Years: 72 Months: Days: 5 If less than one day: hrs. min.
9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual occupation: Fireman
11. Industry or business: Pa. R. R.
FATHER 12. Name: Soth
FATHER 13. Birthplace: Unknown
MOTHER 14. Maiden name: "
MOTHER 15. Birthplace: "
16. Informant: Mrs. Lawrence Soth
Address: 11 Leeway Dundalk, Md.
17. (Burial, cremation, or removal. Which?) Date thereof: 3-25-40 (month) (day) (year)
Cemetery or crematory: Thoops Church Cem. Pa.
Location: Harrisburg Pa.
18. Funeral director: John G. Connelly
Address: Essex Md.
19. 3-21- 19 40 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 21 1940, at 7:20 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 17 1940 to March 21 1940 and that I last saw alive on March 20 1940.

	DURATION
Immediate cause of death: Broncho-Pneumonia	3/18/40
Due to: Senility	10 yrs.
Due to: Spastic Paraplegia	10 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. Davis M.D.
Address: Dundalk Md. M. D. or other
Date signed: 3/21/40

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APR 8 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94-a)

CERTIFICATE OF DEATH

02880

Reg. Dist. No. 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Balto.
City or town: Towson Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Cockeysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Starratt Jr

3. (b) Social Security Number (1) 141-07-4496 (2) 314-01-6595

Prev.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10th 1882

8. AGE: Years	Months	Days	If less than one day
57	7	11	hrs. min.

9. Birthplace Balto Co. Md (Town, county, and state)
10. Usual occupation laborer
11. Industry or business

FATHER
12. Name Thomas Starratt, Sr
13. Birthplace Balto Co. Md.

MOTHER
14. Maiden name Mary E. Taylor
15. Birthplace Balto, Co. Md

16. Informant Louisa Morton
Address 3207 Barclay St

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-24-1940 (month) (day) (year)
Cemetery or crematory Mt Zion cem
Location Long Green Md.

18. Funeral director Bryon & Mamie V. Wright
Address 1218 Pre Eldery St Balto Md

19. Mar 23 40 (Date rec'd by registrar) Wyatt Parkton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21, 1940, at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 21, 1940, to March 21, 1940, and that I last saw h[illegible] alive on March 21, 1940.

Immediate cause of death	DURATION
Coronary Occlusion	1/2 hour
Due to Cards.	
Due to	
Other conditions Cards.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John S. Green Jr. M. D. or other
Address Towson Md Date signed 3/21/40

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MAR 29 1940
BUREAU V. S.

02881

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (124E)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 8 mths. 10 dys.

Stay in this community (yrs., or mos., or days): " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: -

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 523 S. Fremont Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Clara Hartlaner Stevens

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	divorced

6 (b) Name of husband or wife: Harry Stevens

6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): ?, ?, 1854

8. AGE:

Years	Months	Days	If less than one day
86	?	?	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: seamstress

11. Industry or business: home

FATHER
12. Name: Henry Hartlaner
13. Birthplace: Maryland

MOTHER
14. Maiden name: Amanda Shriver
15. Birthplace: Maryland

16. Informant: Hospital records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-16-40 (month) (day) (year)

Cemetery or crematory: Woodlawn Cem

Location: Windsor Mill Rd.

18. Funeral director: Mary A. Hawthrop

Address: 2859 Rayner Ave.

19. 3/15 1940 (Date rec'd by registrar) H. C. Gardner Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 13 1940, at 8:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 3 1939, to March 13 1940, and that I last saw her alive on March 13 1940.

Immediate cause of death	DURATION
Broncho-pneumonia	3 days
Due to Generalized arteriosclerosis	bef. 8-3-39
Due to Cirrhosis of the liver	bef. 1940
Other conditions Senile psychosis	bef. 8-3-39

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: see above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Robert E. Gardner M.D.
M. D. or other

Address: Spring Grove St. Hosp. Date signed: 3-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

241f N. Charles St., Baltimore (82-A)

02882

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Towson (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 531 York Rd.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 531 York Rd. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Mary Elizabeth Steber

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: ——— years

7. Birth date of deceased (mo., day, yr.): Aug. 31, 1856

8. AGE: Years	Months	Days	If less than one day
84	6	4	——— hrs. ——— min.

9. Birthplace: Towson, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: at Home

FATHER
12. Name: George Henry Steber
13. Birthplace: Germany

MOTHER
14. Maiden name: Anna Breyer
15. Birthplace: Germany

16. Informant: Mrs. Joseph Parker
Address: Allegheny Ave., Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 9, 1940 (month) (day) (year)
Cemetery or crematory: Prospect Hill
Location: Towson, Md.

18. Funeral director: John Crunk's Sons
Address: Towson, Md.

19. 3/8/40 (Date rec'd by registrar) Elizabeth Van Horn Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 6, 1940, at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 27, 1940, to March 6, 1940, and that I last saw her alive on March 6, 1940

Immediate cause of death	DURATION
Apoplexy	2/27/40
Due to Arterio-Sclerosis & Hypertension	mths.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John L. Green Jr. M. D. or other
Address: Towson - Md. Date signed 3/7/40

RECEIVED
MAR 21 1940
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92d)

Reg. Dist. No. 44

02883

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Mid Manor, Essex
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 1213 62nd St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Rural Raspeburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 62nd St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Jas. Stocker Roland J. Stocker.

3 (b) If veteran, name war World War

3 (c) Social Security No. Pos. 216-01-4386

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Irene E Stocker

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 - 1895

8. AGE: Years 44 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual occupation Copper Smith

11. Industry or business

FATHER
12. Name Caspar Stocker
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Lunz
15. Birthplace Baltimore

16 (a) Informant Mrs Irene E Stocker
(b) Address 1213 62nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 28/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director John Ullrich
(b) Address 2008 Orleans St

19 (a) 3-26-40 (Date rec'd by registrar) (b) John B. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death March 24 1940, at 10 - P M.

21. I certify that death occurred on the date above stated; ~~that I attended deceased from 19 , to 19 , and that I last saw him alive on 19 .~~

Immediate cause of death Valvular heart disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. T. O. Wyse Lept. M Ex
M. D. or other
Address Pleasville Md Date signed 3-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02884

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 33

Village or City Owings Mills No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Streaker If U. S. Veteran, specify WAR 2nd

(a) Residence: No. Gwynnbrook Ave., St., Ward. (Usual place of abode) If nonresident give city or town and State Long

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Mary Emma Streaker

6. DATE OF BIRTH (month, day, and year) Jan 25-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Electrical

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Engineer

10. Date deceased last worked at this occupation (month and year) 1899

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co.

FATHER

13. NAME John Streaker

14. BIRTHPLACE (city or town) (State or country) Howard Co.

MOTHER

15. MAIDEN NAME Julia Gasnell

16. BIRTHPLACE (city or town) (State or country) Howard Co.

17. INFORMANT Mr. Andrew Hubbard (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Mar. 30, 1940

19. UNDERTAKER Bonnie F. Bunyer (Address) 3631 Falls Rd. Balto.

20. FILED Mar. 29, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1935, to Mar 28, 1940

I last saw him alive on Mar 26, 1940; death is said to have occurred on the date stated above, at 2:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis and Chronic nephritis	Oct. 1935

Other Contributary Causes of Importance:

Coronary embolism	about 9 mos ago

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify E. H. Van Dreele

(Signed) Hoon Dreele M.D.

(Address) 846 W 36th St. Balto.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02885

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 yrs. 7 mths. 23 days

Stay in this community (yrs., or mos., or days) " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County -

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3711 Mohawk Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Bertha Sulzbacher

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife --

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) January 20, 1877

8. AGE: Years	Months	Days	If less than one day
63	1	12	____ hrs. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation clerk

11. Industry or business department store

FATHER
12. Name Aaron B. Sulzbacher
13. Birthplace Bavaria

MOTHER
14. Maiden name Emelie Marschutz
15. Birthplace Bavaria

16. Informant Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 3, 1940 (month) (day) (year)

Cemetery or crematory Har Linen

Location Erdman Ave. Belair Rd.

18. Funeral director David Sondheim & Son

Address 1902 Eutaw Place

19. 3/2 (Date rec'd by registrar) 19 40 H. Andrea Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 19 40, at 1:35 a.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 19 37, to March 2 19 40, and that I last saw her alive on March 1 19 40

Immediate cause of death	DURATION
Broncho-pneumonia	5 days
Due to General arteriosclerosis	indefinite
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Robert E. Gardner M.D.
M. D. or other

Address Robert E. Gardner, M.D. Catonsville Date signed 3-2-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 2 1940
BUREAU V. S.

02886

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County: Baltimore

City or town: Reisterstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mount Pleasant

Stay in hospital or inst. (yrs., or mos., or days): 4 months

Stay in this community (yrs., or mos., or days): 39 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 734 S. Broadway (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Nathan Toback

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife: Cecilia Toback

6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): June 15, 1870

8. AGE: Years	Months	Days	If less than one day
69	9	16	hrs. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business: same

FATHER
12. Name: Abraham Toback
13. Birthplace: Russia

MOTHER
14. Maiden name: Sarah Klotz
15. Birthplace: Russia

16. Informant: Deceased

Address: same

17. Burial (Burial, cremation, or removal, Which?) Date thereof: 3-31-40 (month) (day) (year)

Cemetery or crematory: Hebrew Cemetary

Location: Balto Md

18. Funeral director: Jack Sears Inc

Address: 1439 E. Balto St

19. March 30 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 29 1940, at 10:13 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 29 1939, to March 29 1940, and that I last saw him alive on March 29 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	unknown
Arteriosclerotic Heart Disease	unknown
Due to	
Due to	
Other conditions: Chronic pulmonary tuberculosis	unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Samuel Lipstein M.D. M. D. or other

Address: Mt. Pleasant Reisterstown, Md Date signed: March 29, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

02887

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-C

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
County Balto
City or town Owings Mills Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Outside Hampstead Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. on Black Rock Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward Tracey

3. (b) Social Security Number none

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Mamonie Frances Hale
March 5 1877 6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) March 5, 1879

8. AGE:	Years	Months	Days	If less than one day
61	~~64~~	—	9	hrs. min.

9. Birthplace Black Rock, Md.
(Town, county, and state)
10. Usual occupation Farmer.
11. Industry or business
FATHER 12. Name John Ed. Tracey.
13. Birthplace Foreston
MOTHER 14. Maiden name Sarah Wilhelm.
15. Birthplace Foreston, Md.
16. Informant Mrs. John Tracey
Address White House, Md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof March 17, 1940 (month) (day) (year)
Cemetery or crematory Mt. Zion Cem.
Location near Hampstead.
18. Funeral director Wm. Berryman & Sons
Address Reisterstown, Md
19. March 15 1940 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14th 1940, at 11-40 PM.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~,
and that I last saw h ~~alive on~~ 19
Immediate cause of death Accident
Struck by Auto, fractured skull & right leg, below
Due to None
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, ~~suicide, or homicide~~ Accident Date of 3-14-1940
Where did injury occur? Owings Mills Balto Md
(City or town) (County) (State)
Injured ~~at home, farm, industry~~, public ~~place (where?)~~ highway
Means of injury Auto accidents Injured at work? No

23. SIGNATURE W. P. E. Mise Deputy M Ex
M. D. or other
Address Pikesville Md Date signed 3-15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Authorization to change age see letter filed under Wyse in permanent file. 6/6/40 B.

RECEIVED
APR 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-8)

02888

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 9 months 8 days

Stay in this community (yrs., or mos., or days) 9 " 8 "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 25 East Sesquehanna ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Tudge

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Tudge

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1875

8. AGE: Years 64 | Months 6 | Days 30 | If less than one day ___ hrs. ___ min.

9. Birthplace Prince George Co., Md.
(Town, county, and state)

10. Usual occupation Gardener

11. Industry or business For private gardens

FATHER
12. Name Wm. Tudge
13. Birthplace England

MOTHER
14. Maiden name Margaret Fosnocht
15. Birthplace Washington, D.C.

16. Informant Hospital records
Address Catonsville, Md

17. Burial
(Burial, cremation, or removal. Which?) Date thereof Mar 28, 1940 (month) (day) (year)

Cemetery or crematory Lake Park Cemetery

Location Swedesboro, N.J.

18. Funeral director John Burns' Sons
Address Towson Md.

19. 3/23 1940 (Date rec'd by registrar) H. L. Sudnak Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23d 1940, at 12:25 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1939, to March 23 1940, and that I last saw him alive on March 23 d 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	before 1939
Due to Generalized Arteriosclerosis	" 1939
Due to Parenchymatous Nephritis	" 1939
Other conditions Psychosis with cerebral arteriosclerosis	" 1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy As given above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?) ___

Means of injury ___ Injured at work?

23. SIGNATURE Serge Androp M. D. or other

Address Catonsville, Md. Date signed 3/24.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 30 1940
BUREAU V. M.

02889

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore

City or town Glyndon (Outside) Route 4.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 68 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Glyndon, Md. Route 4 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Worthington Valley.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME John Thomas Turnbaugh

3. (b) Social Security Number none.

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lullie Bustler Turnbaugh

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Aug. 12. 1871

8. AGE: Years 68 | Months 7 | Days 14 | If less than one day ___ hrs. ___ min.

9. Birthplace Glyndon, Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Worked on Farms.

FATHER
12. Name William Turnbaugh.
13. Birthplace dont Know.

MOTHER
14. Maiden name dont Know
15. Birthplace " "

16. Informant George William Turnbaugh
Address Glyndon, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 29, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Asbury Cemetery

Location Reisterstown.

18. Funeral director William Berryman & Sons
Address Reisterstown, Md.

19. Mar. 27 1940 (Date rec'd by registrar) J. Frank Miller M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26th 1940, at 2 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27 1940, to March 26th 1940, and that I last saw him alive on March 26th 1940.

Immediate cause of death ~~Hypo Stata~~ Pneumonia — DURATION 4 do

Due to Cerebral Hemorrhage — 1 do

Due to Arteriosclerosis — 1 yr

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Frank Miller M.D. M. D. or other

Address Reisterstown Md. Date signed 3/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02890

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto
City or town Stevenson Ave Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Stevenson Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Geo. A. Uhrbrock John August UHRBROCK

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, ~~married, widowed, or divorced~~

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 31, 1871

8. AGE: Years 69 Months 1 Days 20 If less than one day hrs. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual occupation Machinist

11. Industry or business General

FATHER 12. Name Christian Uhrbrock

13. Birthplace Germany

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Walter T. Davis

Address 440 W. Fayette St. Balto.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 26, 1940 (month) (day) (year)

Cemetery or crematory St. John's

Location Woodlawn

18. Funeral director John Burns' Sons

Address Towson Md.

19. 3/25 (Date rec'd by registrar) Dpty Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25 1940, at P. M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 to 19, and that I last saw h alive on 19

Immediate cause of death Valvular heart

DURATION

Due to disease

Due to found dead in woods March 23-1940

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. O. O. Myers Dep M Ex M. D. or other

Address Towson Md Date signed 3-23-40

RECEIVED
APR. 1 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02891

1. PLACE OF DEATH

County Baltimore (13F-C) Registration Dist. No. 30

Village or City Catonsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie S. Vogt If U. S. Veteran, specify WAR

(a) Residence: No. 30 N. Kenwood Av. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John. S. Vogt.

6. DATE OF BIRTH (month, day, end year) Nov. 2 - 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME Andrew Kastner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ann. S. Laumann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lillian Walker (Address) 30 N. Kenwood Av

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date 3/15, 1940

19. UNDERTAKER John. G. Moran (Address) 3000 E. Balt. St.

20. FILED 3/12, 1940 R. L. Hudson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March, 12, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from February, 25, 1940, to March, 12, 1940

I last saw her alive on March, 11, 1940; death is said to have occurred on the date stated above, at 12:15 m. AM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cerebral Apoplexy. Date of onset Month

Other Contributory Causes of importance:

Nephritis, Chronic. Duration: five or ten years. CWSR. ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm Lloyd Johnson M. D.

(Address) Catonsville, Md

If more blanks are needed address State Registrar, 1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 16 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

02892

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Baltimore

City or town: Mt. Washington
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 60 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Mt. Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Smith Ave. & Old Pimlico Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sarah Margaret Warner

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Ephriam W. Warner

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): March 17, 1860

8. AGE: Years	Months	Days	If less than one day
79	11	25	____ hrs. ____ min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER 12. Name: David Weaver

FATHER 13. Birthplace: Pennsylvania

MOTHER 14. Maiden name: Elizabeth Jacobs

MOTHER 15. Birthplace: Germantown, Pa.

16. Informant: Mrs. Ida Brownfield

Address: Mt. Washington, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 15, 1940 (month) (day) (year)

Cemetery or crematory: Druid Ridge

Location: Pikesville, Maryland

18. Funeral director: William Cook

Address: 1217 St. Paul St.

19. March 13 1940 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH: March 12th 1940 at 9:15 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 8th 1940, to March 12th 1940, and that I last saw her alive on March 12th 1940.

Immediate cause of death	DURATION
Bronchial pneumonia	4 days
Due to	
Due to	
Other conditions: Chronic Myocarditis (Include pregnancy within 3 months of death)	?

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E. E. Nichols M.D.
M. D. or other

Address: Pikesville, Md. Date signed 3-13-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 20 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02893

Reg. Dist. No. 44

1. PLACE OF DEATH:
County: Balto
City or town: Sparrows Point Steel Works
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto
City or town: 1001 K St. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Sparrows Point
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Bernard Tyrrie Watkins

3. (b) Social Security Number: 213-07-2278

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Leora Watkins
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): September 23, 1901

8. AGE:	Years	Months	Days	If less than one day
38	31	5	22	____ hrs. ____ min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Labor
11. Industry or business
FATHER
12. Name: Douglas Watkins
13. Birthplace: Virginia
MOTHER
14. Maiden name: Gronett Davidson
15. Birthplace: Va.
16. Informant: Laford Watkins
Address: 2269 Madison Ave
17. (Burial, cremation, or removal. Which?) Date thereof: March 18-40 (month) (day) (year)
Cemetery or crematory: Appomattox
Location: Virginia
18. Funeral director: Archibald A. Gaddis
Address: 2101 MC Bullock St.
19. March 18 1940 (Date rec'd by registrar) Dawson L. Harper Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15th 1940, at 8 ? M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__,
~~and that I last saw h~~ ____ ~~alive on~~ ____ 19__
Immediate cause of death: Smothered
Acute Alcoholism
Due to: found dead in bed face burned in pillow
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Date of 3.15.40
Where did injury occur? Sparrows Pt (City or town) Balto (County) Md (State)
Injured at home, ~~farm~~, industry, ~~public place~~ (where?) Sparrows Point
Means of injury: Suffocation Injured at work? no

23. SIGNATURE: W. T. E. Myer Supt M Tex
M. D. or other
Address: Pikesville Md Date signed 3.15.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 1 1940
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02894

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Pikesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospitel, or Institution: 203 Sudbrook Lane
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore,
City or town: Pikesville, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 203 Sudbrook Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Robert Lee Watts

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed

6 (b) Name of husband or wife: Laura V. Weirich
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 3/7/65

8. AGE:

Years	Months	Days	If less than one day
75	---	20	hrs. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business:

FATHER
12. Name: Edward Watts
13. Birthplace: Md.

MOTHER
14. Maiden name: ----
15. Birthplace: ----

16. Informant: Christoffer W. Watts
Address: 203 Sudbrook Lane

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 3/29/40 (month) (day) (year)
Cemetery or crematory: Druid Ridge Cemy.
Location: Pikesville, Md.

18. Funeral director: John O. Mitchell Funeral Home Inc.
Address: 1900 Eutaw Place

19. Mch 27 1940 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 27, 1940, at 350 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mch 20 1940, to Mch 27 1940, and that I last saw him alive on Mch 26 1940

Immediate cause of death	DURATION
Double bronchial pneumonia (Terminal)	24 hrs
Due to Upper respiratory infection (Acute)	6 days
Due to	
Other conditions Chronic bronchitis	20 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no operation
Of autopsy: no autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: E. E. Nichols M.D.
M. D. or other
Address: Parkville Md. Date signed 3/27/40

RECEIVED
APR 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02895

(93-1)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville Md No. Arbutus & Sylvan Ave Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 2 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Michael Weigman

(a) Residence: No. 506 Hanover St. Ward.

(Usual place of abode) Balto City

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Feb. 6, 1854

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
86	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. City Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ambrose Weigman

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Marie Weinziel

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Charles. Weigman

(Address) 1047 W. Barre St

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto Date Mar 11, 1940

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St

20. FILED 3/9 40, 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 8 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1940, to March 8, 1940

I last saw him alive on March 8, 1940; death is said to have occurred on the date stated above, at 11:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio Vascular	
Disease	Unknown
Pneumonia Terminal	March 5, 1940

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elliot W. Johnson M. D.

(Address) 3432 Wilkins Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

MAR 14 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2 (b)

02896

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mrs. Opity Home Edmondson Ave

Stay in hospital or inst. (yrs., or mos., or days): ?

Stay in this community (yrs., or mos., or days): ?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Howard

City or town: Sykesville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sadie Ridgely Welling

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb 18 1850

8. AGE: Years: 90 | Months: | Days: 26 | If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Home

11. Industry or business

FATHER 12. Name: Wm Welling

13. Birthplace: Md

MOTHER 14. Maiden name: Mary Ergenbard

15. Birthplace: Md

16. Informant: Wm H Torsey Jr

Address: Sykesville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-16-40 (month) (day) (year)

Cemetery or crematory: Oak Grove Cem

Location: Howard Co Md

18. Funeral director: Geo A Feeley

Address: Catonsville Md.

19. 3/15 (Date rec'd by registrar) 19 40 H Clendenin Registrar

Deputy Lam

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 14 1940, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1939, to Mar 14 1940, and that I last saw h alive on Mar 14 1940.

Immediate cause of death	DURATION
Chr. Myocarditis	6 mon
Due to Generalized Arteriosclerosis	15 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James H Howell M. D. or other

Address: Catonsville Date signed 3/15/40

RECEIVED
APR 2 1940
BUREAU V. S.

02897

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (131-E)

County Baltimore Registration Dist. No. 30

Village or City Catonsville, Maryland No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ADELE G. WHITE If U. S. Veteran, specify WAR

(a) Residence: No. 1300 Frederick Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. ~~If married~~, widowed, ~~or divorced~~ ~~HUSBAND of~~ (or) WIFE of Matthew White

6. DATE OF BIRTH (month, day, and year) 1866

7. AGE Years 73 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Howard County (State or country) Maryland

FATHER

13. NAME Thomas Watkins

14. BIRTHPLACE (city or town) Howard Co (State or country) Md

MOTHER

15. MAIDEN NAME Catherine V.

16. BIRTHPLACE (city or town) Howard Co. (State or country) Md

17. INFORMANT Mrs. Cordelia Williams (Address) 66 Beacon Hill Road

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Burial

Place Woodlawn Cem. Date March 4, 1940

19. UNDERTAKER Wm Cook (Address) 1217 Ste Paul St

20. FILED 3/3, 19 40 H. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March, 2, 1940. (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1940 to March, 2, 1940.

I last saw her alive on March, 1, 1940; death is said to have occurred on the date stated above, at 8:10A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	Years.

Other Contributory Causes of importance:

Vaginitis.	2 week
Decubitis Ulcers.	1. ,.

Name of operation no. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) B. Lloyd Johnson M. D.

(Address) Catonsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

02898

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County Baltimore

City or town Texas
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Baltimore County Home

Stay in hospital or inst. (yrs., or mos., or days) 28 yr 3 mo 28 da

Stay in this community (yrs., or mos., or days) 28 yr 3 mo. 28 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Back River Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Francisco C. Woods

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26 1853

8. AGE: Years 87 | Months 0 | Days 12 | If less than one day hrs. min.

9. Birthplace Balto. City, Maryland
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name George W. Woods

13. Birthplace Md.

MOTHER 14. Maiden name Louise E. Making

15. Birthplace Md.

16. Informant Baltimore Co., Home Register

Address Texas, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 11 1940 (month) (day) (year)

Cemetery or crematory Baltimore Cemetery (Alms House)

Location Texas, Md.

18. Funeral director Landon M. Brooks

Address Sparks Md.

19. March 19 1940 Wm. J. Whitcomb
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1937 to Mar 9 1940, and that I last saw him alive on Mar 7 1940.

	DURATION
Immediate cause of death Coronary Thrombosis	2 days
Due to Arteriosclerosis	
Due to Senility -	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wilmer E. Evans M.D.
M. D. or other

Address Cockeysville Md. Date signed March 19/40

RECEIVED
APR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02899

1. PLACE OF DEATH (83-a)

County Balto. Registration Dist. No. 44

Village or City Benges Md No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME TEKLE ZWINKLIS If U. S. Veteran, specify WAR

(a) Residence: No. Benges Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Konstant Zwinklis

6. DATE OF BIRTH (month, day, and year) March 19 1889 Jan 15 1899

7. AGE Years 54 Months - Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lith.

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Lith

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Lith

17. INFORMANT (Address) Tekle Heagy 1307 Inverness Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date March 27, 1940

19. UNDERTAKER (Address) Joseph Kasinskas Inc 602 Washington Blvd.

20. FILED March 28, 1940 J. F. Connelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mch 24, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mch 23, 1940, to Mch 23, 1940

I last saw her alive on Mch 23, 1940, death is said to have occurred on the date stated above, at 2 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Cerebral Hemorrhage

Other Contributory Causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury —, 19 —

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Wall M. D.

(Address) Middle River

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED SEP 30 1940 BUREAU V. S.

CORRECTION OF date of birth AUTHORIZED

BY LETTER FILED IN [illegible]

UNDER Heagy

INITIALS AB DATE A-13.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN